



# SACRED HEART OF JESUS

## ROMAN CATHOLIC CHURCH

**REGISTRATION  
FORM 2020**

PRIMARY MEMBER	SPOUSE
Last name:	Last name:
Name:	Name:
Date of Birth (dd/mm/yy)	Date of Birth (dd/mm/yy)
Tel: Personal Contact #:	Tel: Personal Contact #:
E-mail:	E-mail:
Religion/Religious Denomination:	Religion/Religious Denomination:
Marital Status:	Marital Status:
Occupation:	Occupation:
Which Sacrament have you received? <input type="checkbox"/> Catholic Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Catholic Marriage <input type="checkbox"/> Civil Marriage	Which Sacrament have you received? <input type="checkbox"/> Catholic Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Catholic Marriage <input type="checkbox"/> Civil Marriage

CONTACT INFORMATION			
Street Address:	Apt:	City:	Postal Code:

MEMBERS OF HOUSEHOLD						
First Name (Family name if different)	Date of Birth (dd/mm/yy)	M/F	please check sacrament received			School
			Baptism	Holy Communion	Confirmation	
1.						
2.						
3.						
4.						
5.						

I am interested in more information about the following Parish activities:			
<input type="checkbox"/> Eucharistic Adoration	<input type="checkbox"/> Prayer group	<input type="checkbox"/> Reception of Sacraments	<input type="checkbox"/> Altar society
<input type="checkbox"/> Children's activities	<input type="checkbox"/> Bible study	<input type="checkbox"/> Preparation for Catholic Marriage	<input type="checkbox"/> Volunteering for the parish
<input type="checkbox"/> Catholic Faith Formation	<input type="checkbox"/> Catechetical Program		

Is any member of your family in need of receiving Holy Communion at home? \_\_\_\_\_  
 Would you like to receive the Weekly Bulletin/Important parish news by E-mail:

***We warmly welcome you to the parish Community!***

Should you have any questions, please contact the Parish Office at 705 745 7631 / office@stjohnpeterborough.ca