Our Lady Immaculate Parish

28 Norfolk Street Guelph, Ontario N1H 4H8
(519) 824-3951 FAX (519) 824-1920 e-mail: ourlady@dionet.ca
website: www.churchofourlady.ca

REGISTRATION FORM

Welcome to the family at Our Lady Immaculate Parish. Please take a few minutes to complete this form in order to be registered as a member of our Parish. This information is confidential and will be used only in our parish.

PARISH MISSION STATEMENT

As the Eucharistic family of Our Lady Immaculate we believe in the life, death and resurrection of Jesus Christ. We foster a welcoming and active faith community by sharing our gifts of time, talent and treasure. We continue to grow in the Spirit loving and serving God and each other.

PARISH MINISTRIES

A parish is always reflecting on ways of sharing the Gospel message both within the faith community and beyond. Each member has gifts and talents which have been given by God to help them and others on their journey to the Kingdom.

We welcome Parishioners to become involved in liturgies, organizations, schools, or other parish groups. If you have a special talent that you would like to share, please come forward and offer it to the community.

If you have any concerns or questions please contact the parish office or one the Parish Committee or Ministry Leaders.
Any other comments?

In the Lord's Service,
(Rev) Dennis Noon

Reverend Dennis Noon
Pastor

Thank you for taking the time to fill out the registration form.

If we were to mail you something, how would you like it addressed?

Title *(Please circle one)*:
Mr. & Mrs. Miss Ms. Mr. Mrs.

Name(s): _____

Address: _____

Postal Code: _____

Phone Number: _____ Unlisted? ____

FAX: _____ E-Mail: _____

Would you like to support our parish by using weekly contribution envelopes? *(Please circle one)*

YES I would like to have envelopes issued to me. *(An income tax receipt will be issued in the new year)*

OR I would like to have my weekly donations withdrawn electronically, please contact me with information.

Pre-Authorized Donations

A safe and convenient way to make your regular Sunday offerings.

I am interested in **Pre-Authorized Donations:**

Please send me an application form ____

Envelope # _____

NAME _____ PHONE # _____

ADDRESS _____ P.C. _____

PLEASE COMPLETE OTHER SIDE

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INDIVIDUAL INFORMATION

Last Name	
First Name	
Maiden Name	
Marital Status	
Date of Marriage Place of Marriage	
Religion	
Occupation	
Work Phone	
Birthdate	
Baptized? Place	
Confirmed? Place	
Communion? Place	

Last Name	
First Name	
Marital Status	
Date of Marriage Place of Marriage	
Religion	
Occupation	
Work Phone	
Birthdate	
Baptized? Place	
Confirmed? Place	
Communion? Place	

CHILDREN OR OTHERS AT HOME *(if you need more space, please take an extra registration form)*

Last Name		**Last Name**		**Last Name**	
First Name		**First Name**		**First Name**	
Male or Female		**Male or female**		**Male or female**	
Maiden Name		**Maiden Name**		**Maiden Name**	
Marital Status		**Marital Status**		**Marital Status**	
Date of Marriage Place of Marriage		**Date of Marriage Place of Marriage**		**Date of Marriage Place of Marriage**	
Religion		**Religion**		**Religion**	
Occupation		**Occupation**		**Occupation**	
Work Phone		**Work Phone**		**Work Phone**	
Birthdate		**Birthdate**		**Birthdate**	
Baptized? Y/N [Place]		**Baptized? Y/N [Place]**		**Baptized? Y/N (Place]**	
Confirmed? Y/N Place		**Confirmed? Y/N Place**		**Confirmed? Y/N Place**	
Communion? Place		**Communion? Place**		**Communion? Place**	