

**ST. JOHN OF THE CROSS  
PARISH REGISTRATION FORM**

*PLEASE PRINT CLEARLY*

**Primary Applicant:** \_\_\_\_\_

( Last Name )

(Home Telephone # )

**ADDRESS:** \_\_\_\_\_

(STREET # & STREET NAME )

(APT / UNIT #)

(CITY)

(POSTALCODE)

- Church Marriage     Civil Marriage     Common Law     Single     Separated     Divorced

**Include both spouse name on Tax Receipt** :  Yes     No    (for Individual tax receipts take additional box )

**Is this your Primary Parish ?** :  Yes     No

**Do you want to be added into the Parish Email List in order to receive parish office notifications?**

- Yes     No

**Name of the previous parish:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Have you informed your previous parish about your migration to this parish?**     Yes     No

	Adult	Adult	Child	Child	Child	Adult
	Primary Applicant					
<b>First Name</b>						
<b>Last Name if different</b>						
<b>Relationship with primary applicant</b> eg: wife /son/ father/ in laws						
<b>RELIGION</b>						
<b>SEX</b>						
<b>OCCUPATION</b>						
<b>PHONE (Bus)</b>						
<b>Cell #</b>						
<b>Email address</b> →						
↓ <b>Use 2<sup>nd</sup> line for more space</b>	@	@	@			
<b>BIRTH DATE</b>	Y M D - -	Y M D - -	Y M D - -	Y M D - -	Y M D - -	Y M D - -

**I will support my parish community by :**

**Envelope** \_\_\_\_\_ **Primary Applicant**

**Envelope** \_\_\_\_\_ **assigned to** \_\_\_\_\_

**Pre-Authorized Payment (Ask the receptionist for PAP form)**

*NOTE: INCOME TAX RECEIPT WILL BE PROVIDED AT THE END OF THE YEAR*

Form accepted by : \_\_\_\_\_

SPECIAL NEEDS:

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**STEWARDSHIP“ A WAY OF LIFE”**

**SERVING OUR PARISH COMMUNITY:**

Please indicate your skills / expertise which could serve our community now or in the future.

We would like to give as many parishioners as possible the opportunity to participate.

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