

NEW PARISHIONER REGISTRATION FORM

Please provide the information requested below and return it to the parish by email or in person during office hours.

Personal Information

Name: _____
First Name Middle Name (optional) Surname/Family Name

Spouse: _____
First Name Middle Name (optional) Surname/Family Name

Children 17 years and under:

<small>First Name</small>	<small>Middle Name (optional)</small>	<small>Surname/Family Name</small>	<small>Date of Birth (month/day/year)</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: _____
Unit # or Apartment # Street Address City Postal Code

Telephone: _____
Home Cell Cell—Spouse

E-mail Address(es): _____

Financial Contribution

How you would like your name(s) to appear on your tax receipt? _____

- I would like to receive a box of envelopes. *(optional)*
- I would like to contribute with an automatic withdrawal, using the [Pre-authorized Offering Program \(POP\)](#).

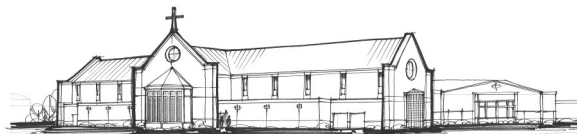
There are four ways to give.
For more information, see the parish website at corpuschristi-edm.ca/donate



Ministry Service

- I am interested in serving in a ministry. The Ministry Coordinator can contact me to discuss how I can serve the parish.
Preferred method of contact: Email Home Phone Cell Phone
Preferred time: Weekdays after _____ before _____
 Weekends after _____ before _____

Thank you for registering. Welcome to our parish family!



The Catholic Parish of Corpus Christi

2707 34 Street NW, Edmonton, AB T6T 1P5

Phone: 780 466 7576

Fax: 587 754 1670

Email: corpuschristi.edm@caedm.ca

Website: corpuschristi-edm.ca

To send by email:

1. Save this form.
2. Open the form that you saved to your files.
- 3.

For Office Use Only: Date Registered with Parish: _____ Envelope No.: _____