

Parish Registration



St. Patrick's Parish

c/o St. Ann's Parish
28 Robert St., W
Penetanguishene, ON L9M 1N2
705-549-2560

www.stannspe.archtoronto.org

Please print clearly

Last Name: _____

First Name: _____

Spouses' Name: _____

Children:

_____ D.O.B: _____

_____ D.O.B: _____

_____ D.O.B: _____

_____ D.O.B: _____

_____ D.O.B: _____

Address: _____

Postal Code: _____

Phone: _____

Email: _____

Occupations: _____

Parish Registration



St. Patrick's Parish

c/o St. Ann's Parish
28 Robert St., W
Penetanguishene, ON L9M 1N2
705-549-2560

www.stannspe.archtoronto.org

Please print clearly

Last Name: _____

First Name: _____

Spouses' Name: _____

Children:

_____ D.O.B: _____

_____ D.O.B: _____

_____ D.O.B: _____

_____ D.O.B: _____

_____ D.O.B: _____

Address: _____

Postal Code: _____

Phone: _____

Email: _____

Occupations: _____

I would like to volunteer for

I would like to volunteer for

(check off all that apply)

(check off all that apply)

- Extraordinary Minister of Communion
- Minister of Hospitality (Usher)
- Minister of the Word (Lector)
- Minister of the Altar (Altar Server)
- Youth Ministry Team Member
- Choir Member
- Cantor/Organist
- St. Vincent de Paul Society
- Other: _____

- Extraordinary Minister of Communion
- Minister of Hospitality (Usher)
- Minister of the Word (Lector)
- Minister of the Altar (Altar Server)
- Youth Ministry Team Member
- Choir Member
- Cantor/Organist
- St. Vincent de Paul Society
- Other: _____

I would like to participate in

I would like to participate in

(check of all that apply)

(check of all that apply)

- Envelope Use Envelope Number
- Pre-Authorized Giving

- Envelope Use Envelope Number
- Pre-Authorized Giving

Signature: _____

Signature: _____

Date: _____

Date: _____

Please deliver to the Parish Office by mail, collection basket, or offering box in the church.

Please deliver to the Parish Office by mail, collection basket, or offering box in the church.

Thank you.

Thank you.