

CRISTO REI PARISH

3495 Confederation Parkway, Mississauga, ON L5B 3G5

CONFIDENTIAL PARISH REGISTRATION FORM

PLEASE PRINT CLEARLY

☐ New to Parish ☐ Never Registered ☐ Already Registered – Please update Records

FAMILY INFORMATION

Last Name:	First Name:	Middle Name:
Date of Birth: (Day/Month/Year)		
Home Address:		
Apt. No:	City:	Postal Code
Home Phone:	Cell No:	Email Address:

MARITAL STATUS:

☐ Single ☐ Married

Date of Marriage	Place of Marriage(Name of Church)
City/Province/Town	

SPOUSAL INFORMATION

Last Name:	First Name:	Middle Name:
Date of Birth: (Day/Month/Year)		

CHILDREN LIVING AT HOME

NAME	SEX M/F	BIRTHDATE		
		Day	Month	Year

OTHER PERSONS RESIDING IN YOUR HOME			
LAST NAME	FIRST NAME	DATE OF BIRTH DAY/MONTH/YEAR	SEX MALE/FEMALE

PARISH ENVELOPES

WE ENCOURAGE THE USE OF ENVELOPES BY ALL REGISTERED PARISHIONERS.

WOULD YOU BE INTERESTED TO USE OUR PARISH ENVELOPES? YES_____ NO_____

☐ Income Tax Receipts for all donations over \$50.00 will be issued at the yearend ☐

New Envelope Number: _____ (For Office Use Only)

How LONG HAVE YOU BEEN A MEMBER OF OUR PARISH? _____

What Mass do you attend on the Weekend?

Saturday: 4:00 pm _____ 6:00 pm _____

Sunday: 9:00 am _____ 11:00 am _____

5:30 pm _____

Date: _____

Signature: _____

**WELCOME TO OUR
FAMILY OF FAITH!**