

TRANSFIGURATION OF OUR LORD PARISH REGISTRATION FORM

HOW WOULD YOU LIKE TO BE ADDRESSED?

- MR. & MRS.
- MR.
- MRS.
- MS.

ARE YOU REGISTERED WITH ANOTHER PARISH? Yes _____ No _____

WOULD YOU LIKE THIS PARISH TO BE YOUR MAIN PARISH? Yes _____ No _____

FAMILY (LAST) NAME: _____ FIRST NAME: _____

MIDDLE NAME: _____ OCCUPATION: _____

SPOUSE'S NAME (IF ANY): _____ OCCUPATION: _____

NAME(S) ON DONATION TAX RECEIPTS: _____

CHILDREN'S NAME: _____

ADDRESS: _____ **Apt./Suite No.** _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

WOULD YOU LIKE TO SIGN UP FOR DONATION ENVELOPE?

- Yes
- No

Donation Envelope Assigned: _____

WOULD YOU LIKE TO BE INVOLVED IN ANY PARISH MINISTRIES:

- Yes
- No

If yes, which ministry are you interested in joining _____