

Parish: _____ Ph: _____ Fax: _____
 _____ email: _____

Parishioner Information

Family Name:		Registration date:	
Mailing Name:		Telephone:	
Mailing Address:		e-mail	
City/Prov/Postal Code		Last updated:	

Please list the details for each Family Member, start with head of household and include all children and relatives living in the same household.

	Head of Household	Family Member (1)	Family Member (2)	Family Member (3)	Family Member (4)
Last Name					
First Name					
Middle Name					
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth					
Marital Status					
Family Relationship					
Parishioner	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Envelope no.					
Religion					
Occupation					
Bus. Phone					
Bus. Fax					
Cell Phone					
Email address					
Maiden Name					
School					

NOTE: This information is collected in accordance with the *Personal Information Protection Act* of Alberta. It will be used only by the parish and the Archdiocese of Grouard-McLennan. It will not be shared nor sold. The parish and the Archdiocese intend to use the information for planning and information purposes only. It will not be used to solicit funds.

Please list the details for additional Family or Household Members. Make additional copies if needed.

	Family Member (5)	Family Member (6)	Family Member (7)	Family Member (8)	Family Member (9)
Last Name					
First Name					
Middle Name					
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth					
Marital Status					
Family Relation					
Parishioner	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Envelope no.					
Religion					
Occupation					
Bus. Phone					
Bus. Fax					
Cell Phone					
Email address					
Maiden Name					
School					

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