



ST. JOSEPH PARISH

260 Herkimer Street
Hamilton, ON, L8P ZH9
www.stjosephhamilton.church

PARISH REGISTRATION FORM

Today's Date

New Registration Registration Update



FAMILY INFORMATION

Family Last Name:

Complete Home Address:

Home Phone Number: Cell Phone Number:

E-mail:



FAMILY MEMBER(S) INFORMATION

	First Name(s)	Family Name (if different)	Birth Date (MM/DD/YYYY)	Gender	Religion
Primary				<input type="checkbox"/> M <input type="checkbox"/> F	
Spouse				<input type="checkbox"/> M <input type="checkbox"/> F	
Only include children who are living at home and not married					
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
Child				<input type="checkbox"/> M <input type="checkbox"/> F	



PARISH FINANCIAL SUPPORT

Please indicate how you support St. Joseph Parish with your gift of treasure.

- I/We contribute using Sunday offering envelopes.
- I/We contribute using electronic transfer of funds (EFT).
- I/We contribute using a credit card.

**PLEASE COMPLETE AND RETURN TO THE PARISH OFFICE
OR PLACE IN THE SUNDAY COLLECTION BASKET.**

FOR OFFICE USE ONLY

Envelope ID #