



CHURCH MEMBERSHIP REGISTRATION FORM

OUR LADY OF THE ASSUMPTION PARISH
2565 Bathurst Street, Toronto Ontario M6B 2Z3
Tel.# (416) 787-4547 Fax # (416) 787-4548
E-mail Address: olaparishtoronto@rogers.com
Website: <https://olassumptionto.archtoronto.org>



HEAD OF FAMILY:

LAST NAME: _____ First Name _____

If married: spouse's name: _____

If applicable: Wife's maiden name: _____

ADDRESS: _____ APT. / UNIT #: _____

Postal Code: _____

E-MAIL ADDRESS: _____

PHONE # (Home) _____ (Cell) _____

IF MARRIED, DATE AND PLACE OF MARRIAGE _____

CHILDREN LIVING WITH YOU:

NAME: _____ DATE OF BIRTH: _____ SCHOOL: _____

NAME: _____ DATE OF BIRTH: _____ SCHOOL: _____

NAME: _____ DATE OF BIRTH: _____ SCHOOL: _____

NAME: _____ DATE OF BIRTH: _____ SCHOOL: _____

DO YOU WISH TO USE PARISH ENVELOPES? YES NO

DATE OF REGISTRATION: _____

PLEASE PLACE COMPLETED FORM IN A SUNDAY COLLECTION BASKET OR BRING IT TO THE OFFICE.

PASTORAL NOTES:

