PARISHIONER REGISTRATION FORM

OUR LADY OF GRACE PARISH
15347 YONGE ST., AURORA, ONTARIO L4G 1N7
TELEPHONE: 905-727-4594
EMAIL: olgraceau@archtoronto.org

PRIMARY CONTACT INFORMATION

LAST NAME: _____ **MR. / MRS. / MISS / MS.**

GIVEN NAMES: _____

STATUS: **MARRIED / SINGLE / WIDOWED / DIVORCED / SEPARATED / COMMON-LAW**

STREET ADDRESS: _____ **APT:** _____

CITY & PROVINCE: _____ **POSTAL CODE:** _____

PHONE 1: _____ **H / W / C** **PHONE 2:** _____ **H / W / C**

EMAIL: _____

PREVIOUS PARISH:

HOW WOULD YOU LIKE TO SUPPORT OUR PARISH?

☐	**AUTOMATIC PRE-AUTHORIZED GIVING (PAG)** **(FORMS ARE BLUE AND ARE AVAILABLE AT THE PARISH OFFICE, OR BY BOTH ENTRANCES OF THE CHURCH)**
☐	**SUNDAY OFFERING ENVELOPES** **(AVAILABLE AT THE PARISH OFFICE DURING OFFICE HOURS)**

ADDITIONAL HOUSEHOLD MEMBERS
(ONLY INCLUDE BIRTH DATES FOR CHILDREN UNDER 18 YEARS OF AGE)

GIVEN NAMES	LAST NAME	BIRTH DATE MM/DD/YYYY	RELATIONSHIP (TO PRIMARY CONTACT)