

Our Lady of Perpetual Help Parish
 4588 Roblin Blvd., Winnipeg R3R 0G4
 832-1993

**PARISHIONERS
 REGISTRATION FORM**
 (Please complete & send to parish
 office—form may be put in collection basket)

FAMILY INFORMATION

Family Name:		Date:	
Mailing Address:		Home Phone:	
City/Prov/Postal Code:		Cell or other:	

PREFERRED NAME FORMAT FOR:

Name for Mailing Labels	
Name for Tax Receipts	

INDIVIDUAL INFORMATION

Completion of details is optional. You may list each family member in the table below. Show family relation to the primary or first member. You may include all children or other relatives living in the same household/family. Additional information/comments can be put on the back of the form.

	First Member	Family Member	Family Member	Family Member	Family Member
Envelope #					
Last Name					
First Name					
Middle Names					
Maiden Name					
Gender M/F	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>
Family Relation					
Parishioner	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>
Religion					
Marital Status					
Date of Birth					
Bus. Phone					
Email Address					
Notes/Comments					