

St. Gertrude's Parish, Oshawa

Registration Form

DATE:		
lew Parishioner:	Change of Information:	: 🗆
revious Parish:		
oid vou let them kno	ow you have moved? Y	/ N

Welcome to our Parish Community

The information that you provide is confidential information is shared with an organization outs								
Primary Contact: Mr. / Miss/ Mrs.		·				-		
Street address:			Apt:			Phone 2	2	H/W/C
City:	Postal Code:	Sch	ool/Occupation	l		Langua	age(s) spoke	en:
Email 1:	E	mail 2:						
Do you wish to support the pari Automatic Preauthorized given OR Sunday Offering Envelopes				omatic Bank Wit	hdrawal on the 20 th	of each	month	OFFICE USE ONLY Envelope Number:
Additional Adults in Househo	• •		•					
First Name	Last Name	M/F	Relationship	phon	phone and/or email (optional) School / Occ		ccupation	
Children in Household Under	age 25 - (Include n	ieces/ne	ephews or wa	ırds)				
First Name	Last Name (if different)	M/F	Relationship	RC?	Confirme	d?	School	
Can you or anyone in your home	volunteer time or serv	ices to th	e Parish?					