



ST-EDMUND OF CANTERBURY PARISH
BEACONSFIELD, QUEBEC
514-695-7100

REGISTRATION FORM FOR NEW PARISHIONERS

{Please **PRINT** Clearly}

Date: _____

FAMILY NAME: {To appear on Tax Receipt} _____

ADDRESS: _____
Street Name City Postal Code

PHONE #: Home: _____ Business: _____ Cell: _____

E-MAIL ADDRESS: _____ Fax #: _____

HUSBAND'S NAME: _____

WIFE'S NAME: _____ MAIDEN NAME: _____

MARRIAGE: _____
Church City Date

CHILDREN (Under 18 only):

- (1) _____
Name Male/Female Date of Birth
- (2) _____
- (3) _____

(Please list additional children on back of sheet)

OFFERING ENVELOPE BOX # : _____

FOR OFFICE USE ONLY:

NEW PARISHIONER () ;
ALSO REGISTERED FOR :

FAITH FIRST ()

BAPTISM ()

MARRIAGE ()