



St. Mary Our Lady of the Seven Sorrows Roman Catholic Church

56 Duke Street West, Kitchener ON N2H 3W7
Phone: 519-576-3860 Email: stmarys@rogers.com
Website: stmarysrcchurch.ca

Parish Registration Form

☐ New Registration ☐ Registration Update

Date: _____

FAMILY INFORMATION - PLEASE PRINT CLEARLY

Family Last Name:
Complete Home Address: (Including City & Postal Code)
Primary Telephone:
Primary Email Address:

Marital Status: ☐ Single ☐ Married ☐ Widowed
☐ Separated ☐ Divorced ☐ Common-Law

Date & Place of Marriage: _____
Church name & Denomination
or Civil: _____

FAMILY MEMBER(S) INFORMATION: Please complete ALL sections.

	First Name	Family Last Name (if different from above)	Birth Date (MM/DD/YYYY)	Gender	* Religious Denomination (RC, Lutheran, Anglican, etc)	Occupation or School	Sacraments Received		
				<input type="checkbox"/> M <input type="checkbox"/> F			Baptism	First Eucharist	Confirmation
Primary Member				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If you are not Catholic, are you interested in exploring the possibility by taking part in our RCIA (Rite of Christian Initiation) program? ☐ Yes ☐ No

Please ONLY include children under 18 who are living at home and not married

Child				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARISH FINANCIAL SUPPORT - please indicate how you would like to support St. Mary's with your gift of treasure ...

☐ I/we would like to use Pre-Authorized Giving (please complete enclosed enrollment form)
(withdrawals occur the 15th of each month directly from your account)

☐ I/we would like Sunday Offertory Envelopes
(a personalized box of envelopes will be ready for you next weekend,
on the table at the back of the church)

☐ Sunday Church donations can be made via e-transfer to stmarys@rogers.com and Tiny Home Takeout donations to tinymhometakeout@gmail.com

PARISH MINISTRIES SUPPORT - please indicate any of our volunteer ministries you would like to support with your gifts of time & talent ...

☐ Lector ☐ Greeter/Usher ☐ ReconciliACTION Circle ☐ Choir

☐ Youth Altar Server ☐ Catholic Amigo: (young adults 20's & 30's) ☐ Connecting Generations (senior's age 60+)

Tiny Home Takeout - email
tinymhometakeout@gmail.com
directly to volunteer

St. Vincent de Paul: email
don@teambilton.com directly to
volunteer

A Better Tent City: email
abettertentcity@gmail.com
directly to volunteer

PLEASE COMPLETE AND RETURN BY EMAIL OR PLACE IN THE COLLECTION BASKET AT MASS

Office Use: Date: _____ #: _____ email: _____