Saint Hyacinth Roman Catholic Parish

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201 LeBreton Street North, Ottawa, ON; Canada K1R 7H9

Tel: 613-230-0804 Fax: 613-230-0125; Email: swjacek@swjacek.ca; office@swjacek.ca

Address (if different from mailing address)	REGISTRA	ATION FO	RI	N	OI	FFIC	E USE	ONLY	7 #()	
Parish of Previous Registration (Church Name & Location) Members of the Household Name, first & middle: last only if different from above: (Note: It a different last name is shown for anyone, please underline it.) Check Sacraments Received (Please also show in each box the date each Sacrament was received, if known) Name Baptism Reconciliation Communion Confirmation Catholic Marriage DO YOU WISH TO RECEIVE THE DONATION ENVELOPES? YESNO Do you have any special needs or situations that you wish to call to our attention? Please indicate below. Or, if you	Family (Last) Name	Mailing Address						City			ZIP	
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Members of the Household Name, first & middle; last only if different from above: (NOTE: If a different last name is shown for anyone, please underline it.) Date of Birth MF Marital Status Occupation & Employer of School & Grade (if not Catholic) anyone, please underline it.) Check Sacraments Received (Please also show in each box the date each Sacrament was received, if known) Name Baptism Recoclidation Communion Confirmation Catholic Marriage Do YOU WISH TO RECEIVE THE DONATION ENVELOPES? YESNO Do you have any special needs or situations that you wish to call to our attention? Please indicate below. Or, if you	Family's Primary e-mail addr	ress										
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If you have not done so, please inform your former parish immediately that you are no longer members there.