

Saint Hyacinth Roman Catholic Parish

Date: / /

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

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

REGISTRATION FORM

OFFICE USE ONLY #()

Family (Last) Name	Mailing Address	City	State ON	ZIP
Address (if different from mailing address)		Home Phone	Male Work Phone	Female Work Phone
Family's Primary e-mail address				

Parish of Previous Registration (Church Name & Location)

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	M/F	Marital Status	Occupation & Employer or School & Grade	Religion (if not Catholic)

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? YES ___ NO ___

Do you have any special needs or situations that you wish to call to our attention? Please indicate below. Or, if you prefer, just place a "check mark" [✓] here: _____ and we will contact you personally.

If you have not done so, please inform your former parish immediately that you are no longer members there.