

Blessed Sacrament Parish

906 – 6 Avenue, Wainwright AB T9W 1C8
 Phone: 780-842-3487 Fax: 780-842-5346
 Website: www.blesswainwright.ca
 Email: blessedsacrament@caedm.ca

REGISTRATION FORM

Welcome to Blessed Sacrament Parish, and thank you for taking the time to let us know who you are! We look forward to getting to know you, and to serving with you in the field of the Lord. May you find in this parish a warm and welcoming home.

FAMILY LAST NAME		DATE	
MAILING NAME		HOME PHONE	
MAILING ADDRESS		HOME FAX	
CITY/PROV/POSTAL CODE		NEW PARISHIONER	<input type="checkbox"/> YES <input type="checkbox"/> NO

For each family member, list the details indicated. Include all children and other members living in the same household. Please begin with the adult head(s) of the household.

	FAMILY MEMBER	FAMILY MEMBER	FAMILY MEMBER	FAMILY MEMBER
LAST NAME				
FIRST NAME				
MIDDLE NAMES				
MAIDEN NAME				
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH	yyyy / mm / dd	yyyy / mm / dd	yyyy / mm / dd	yyyy / mm / dd
MARITAL STATUS				
PARISHIONER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RELIGION				
CELL PHONE				
EMAIL ADDRESS				
DONATION ENVELOPES	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Additional family members:

	FAMILY MEMBER	FAMILY MEMBER	FAMILY MEMBER	FAMILY MEMBER
LAST NAME				
FIRST NAME				
MIDDLE NAMES				
MAIDEN NAME				
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH	yyyy / mm / dd	yyyy / mm / dd	yyyy / mm / dd	yyyy / mm / dd
MARITAL STATUS				
PARISHIONER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RELIGION				
CELL PHONE				
EMAIL ADDRESS				
ENVELOPE HOLDER				



Your wishes:

- I would like a visit from the priest to bless my home.
- I would like to speak to the priest about sacraments.
- I would like to support the Parish with offering envelopes. (Alternatively, you may register for pre-authorized giving through the parish office.)
- I would like to receive the Parish Bulletin by email: (address) _____
- In the event of a funeral in the parish, I would be willing to donate food for the lunch. **(Checking this box authorizes the parish to share your contact info with the funeral lunch committee.)**

Ministry:

We invite all parishioners to consider assisting in parish ministry. Please indicate which of the following you may feel called to serve in, even if you would just like more information on that ministry. We would be happy to answer your questions.

- | | |
|--|---|
| <input type="checkbox"/> Parish Pastoral Council | <input type="checkbox"/> Art and environment |
| <input type="checkbox"/> Finance Committee | <input type="checkbox"/> RCIA |
| <input type="checkbox"/> Building Maintenance Committee | <input type="checkbox"/> Sacramental prep |
| <input type="checkbox"/> Liturgy Committee | <input type="checkbox"/> Children's liturgy |
| <input type="checkbox"/> Music Ministry | <input type="checkbox"/> Youth ministry |
| <input type="checkbox"/> Altar Server | <input type="checkbox"/> Bible study |
| <input type="checkbox"/> Adult server | <input type="checkbox"/> Adult Faith study |
| <input type="checkbox"/> Lector | <input type="checkbox"/> Prayer group |
| <input type="checkbox"/> Extraordinary Minister of Communion | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Usher | <input type="checkbox"/> Grounds and garden |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Catholic Women's Group |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Knights of Columbus |
| <input type="checkbox"/> Sacristan Team | |

Please complete this form and drop into the collection basket, or visit the Parish Office.

Be advised that all information provided is subject to Archdiocesan Policy #907: Protection of Personal Information.

✠ May God bless you abundantly! ✠