

New Parishioner Registration Form

Please provide the information requested below and return it to the parish by email or in person during office hours.

Name: _____
First Name Middle Name (optional) Surname/Family Name

Spouse: _____
First Name Middle Name (optional) Surname/Family Name

Children 17 years and under:

<small>First Name</small>	<small>Middle Name (optional)</small>	<small>Surname/Family Name</small>	<small>Date of Birth (month/day/year)</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: _____
Unit # or Apartment # Street Address City Postal Code

Telephone: _____
Home Cell Cell—Spouse

E-mail Address(es): _____

Financial Contribution:

Please indicate how you would like your name(s) to appear on your tax receipt: _____

Select one (1) of the following three options.

- I would like to receive a box of envelopes.
- I would like to contribute with an automatic withdrawal, using the [Pre-authorized Offering Program \(POP\)](#).
- I am unable to consider financial contributions at this time. I will contact you if my situation changes.

Contributions can also be made online at corpuschristi-edm.ca/donate.

Ministry Service: Select one (1) of the following options.

- I am interested in serving in a ministry. The Ministry Coordinator can contact me to discuss how I can serve the parish.
Preferred method of contact: Email Home Phone Cell Phone
Preferred time: Weekdays after _____ before _____
 Weekends after _____ before _____
- I am unable to consider participating in a ministry. I will contact you if my situation changes.

Thank you for registering. Welcome to the parish family!



The Catholic Parish of Corpus Christi

2707 34 Street NW, Edmonton, AB T6T 1P5

Phone: 780 466 7576

Email—corpuschristi.edm@caedm.ca

Fax: 587 754 1670

Website—corpuschristi-edm.ca

For Office Use Only: Date Registered with Parish: _____ Envelope No.: _____