

No parish can function effectively without the participation of its members. The variety of talents and gifts possessed by our parishioners is endless...but they need to be shared! Would you be willing to offer your special talent to God's Kingdom? We need your involvement in liturgies, helping organizations, assorted parish groups and our schools. Please indicate below if you could be of help in one or more of the following.

- [] Altar Server (grade 4 and higher or adult - male or female)
- [] Eucharistic Minister at regular / special Masses
- [] Eucharistic Minister to the sick and shut ins
- [] Lector / Reader
- [] Usher
- [] Children's Liturgy
- [] Choir / Music Ministry
- [] Bazaar Committee / Volunteer
- [] St. Vincent de Paul / Outreach Ministry

Any other suggestions? _____

Who is the parishioner interested in these ministries?

Which Mass time do you prefer to attend? Saturday 5:00 p.m. Sunday 10:00 a.m.

Thank you for taking the time to fill out this registration form.

Registration Form

St. Ann's Roman Catholic Church
120 Sherman Avenue North
Hamilton, ON L8L 6M6

Telephone: 905-544-0488

Email: stannhamilton@hamiltondiocese.com

www.facebook.com/stannshamilton

Welcome

To all who worship with us. May the Lord Bless you!

(This information is confidential and will be used for parish records only!)

WELCOME!

Date registered: _____

This information is kept confidential and will be used for parish records only.
We do not share with anyone and is shredded after entry.

Adult 1

Male () Female () Mr. / Mrs. / Ms. / Miss / Dr.

Last Name _____

First Name _____

Birth Date _____ Religion _____
Year / Month / Day

Baptized: Yes No Language _____

Confirmed: Yes No Ethnicity _____

Occupation _____

Maiden Name * _____

** If applicable to married couples only. This information is used for our sacramental records only.*

Marital Status: Single Married Common – Law Separated / Divorced Widow Engaged

Wedding Date: _____ Church of Marriage: _____

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Would you like to use Sunday offering envelopes? Yes No Box # _____

Office use only

***** If you are requesting a boxed set of envelopes, they will be made ready for you to pick up the following week in the sacristy. *****

Mailing Address

House # & Street Name _____ Apt#/Unit # _____

City and Province _____ Postal Code _____ Telephone: _____

E-Mail: _____

Children Information only - If others live with you, please have them complete their own registration form.

Last Name: _____ First Name: _____ Male Female

Date of Birth: _____ Baptized Communion Confirmed School: _____ Grade _____
Year / Month / Day Please check off which sacraments your child has received.

.....
Last Name: _____ First Name: _____ Male Female

Date of Birth: _____ Baptized Communion Confirmed School: _____ Grade _____
Year / Month / Day Please check off which sacraments your child has received.

.....
Last Name: _____ First Name: _____ Male Female

Date of Birth: _____ Baptized Communion Confirmed School: _____ Grade _____
Year / Month / Day Please check off which sacraments your child has received.

IF YOU HAVE MORE CHILDREN – PLEASE ATTACH ANOTHER REGISTRATION FORM – THANK YOU

If children are not enrolled in Catholic School, are they enrolled in any religious instruction course? Yes No

Would you like more information about any religious courses for children Yes No or adults Yes No