

New Parishioner Registration Form

St. Martin of Tours Roman Catholic Church

166 West St. Smithville, ON. L0R 2A0

Tel: 289-956-0221 Email: st.martins@cogeco.ca

Website: www.stmartinsparish.com

Last Name: _____ First Name: _____

Spouse's Name: _____

Children under 18 years of age:

_____ D.O.B.: _____

_____ D.O.B.: _____

_____ D.O.B.: _____

_____ D.O.B.: _____

_____ D.O.B.: _____

_____ D.O.B.: _____

Address: _____

Postal Code: _____ Phone: _____ Email: _____

Occupations: _____

Do you have any areas of expertise you wish to share with the Parish?

If you are willing, would you share why St. Martin of Tours is important to you as a Parish?

I would like to volunteer for (check off all that apply):

- Extra-Ordinary Eucharistic Minister
- Reader
- Minister of Hospitality (Usher)
- Communion for the Sick
- Sacramental Preparation
- Sacristian
- Choir
- Children's Liturgy
- Parish Events Group (PEG)

I would like to participate in (check off all that apply):

- Catholic Women's League
- Rosary Apostolate
- Knights of Columbus

Please indicate your Mass preference:

- Weekdays
- Saturday, 5:00 p.m.
- Sunday, 10:00 a.m.

Would you like to be set up with a box of Offertory Envelopes for income tax purposes?

Date form completed (All information is for Parish purposes only):

May the Lord Jesus richly bless you!