

STS. PETER AND PAUL PARISH

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MEMBERSHIP REGISTRATION FORM

Please write clearly for tax receipt purposes.

		Today's date:	
Name	Surname	Firstname	
Religion			
Spouse (if applicable)	Surname	Firstname	
Religion			
Address			Unit No.
City			
Postal Code		Email Address	
Phone	Home	Cellphone	
Please check reason for registering			
First Communion	Name of Child		
	School		
Confirmation	Name of Child		
	School		
Marriage	Baptism	Others (Specify)	

Other people living at home (include age please):

Old Env. No. (If applicable)	New Env. No.
Posted By:	Date: