

## St. Gabriel the Archangel Catholic Parish

316 Windermere Drive Chestermere, Alberta T1X 0B9

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## **CONFIDENTIAL PARISH REGISTRATION FORM**

email: office@saintgabrielparish.ca / www.saintgabrielparish.ca

FAMILY LAST NAME:						HOME PHONE NO.: CELL PHONE NO.:						
MAILING ADDRESS:						MARITAL ST	ATUS: Single I	Divorced	☐ Separa	ated Wide	owed	
OTHER ADDRESS: (if different from mailing address)						If Married:	☐ Common-Law	,				
CITY & PROVINCE:				POSTAL CODE:		<b>-</b>	by a Catholic Priest or Dea	con:	☐ Yes ☐	No		
PRIMARY E	-MAIL ADDRESS FOR CONTAC				Civil Ceremony:							
WOULD YOU LIKE DONATION ENVELOPES?						-						
							SACRAMENTS COMPLETED (please √ all that apply)					
	FIRST NAME	MIDDLE NAME	LAST NAME (if different from Family Name) and MAIDEN NAME	BIRTHDATE (YYYY/MM/DD)	Male/ Female	RELIGION PRACTICING	OCCUPATION or SCHOOL & GRADE	Baptism	Firet	Reconciliation/	Confirmation	
ADULT												
ADULT												
CHILD												
CHILD												
CHILD												
PARISH MIN	ISTRIES: The strength of St. Ga		the commitment of parishioner y leader will contact you to pro					be of int	erest to you	or to a family m	ıember.	
Altar Server		☐ Children's Liturgy* ☐ Finance Council		Lector			Projection Operator		RCIA (Becoming a Catholic - Adult)			
☐ Baptismal Preparation		☐ Donation Counter* ☐ Hospitality		☐ Music Min		Ministry	☐ Usher*	☐ Sacramental Preparation (Children)*				
Catholic Women's League (CWL)		☐ Eucharistic Minister ☐ Knights of Co		umbus (K of C) 🔲 Parish C		Council	☐ Youth Ministry*					
Office Use O	us ministry involvement is required  nly:  ed & Entered:	_ Envelopes Prepared & Nui	mber Assigned	Welcome Letter	Sent:							