

**ST. JAMES PARISH REGISTRATION FORM**

REGISTRATION DATE: \_\_\_\_\_

Which church do you attend?  St. James, Okotoks

St. Michael's, Black Diamond

Would you like Parish donation envelopes?  Yes

No

Office use only: Envelope No. \_\_\_\_\_

Family Last Name: \_\_\_\_\_ Wife's Maiden Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_  Unlisted?

**ADULT 1**  Male  Female

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_  Roman Catholic  Other: \_\_\_\_\_

Email: \_\_\_\_\_ Bus/Cell Phone: \_\_\_\_\_

Sacraments received:  Baptism  1<sup>st</sup> Communion  Reconciliation  Confirmation  Marriage

**ADULT 2**  Male  Female

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_  Roman Catholic  Other: \_\_\_\_\_

Email: \_\_\_\_\_ Bus/Cell Phone: \_\_\_\_\_

Sacraments received:  Baptism  1<sup>st</sup> Communion  Reconciliation  Confirmation  Marriage

**DEPENDENT INFORMATION** (please print additional pages if more space required)

Male  Female First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Year Month Day

Sacraments received:  Baptism  1<sup>st</sup> Communion  Reconciliation  Confirmation

Male  Female First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Year Month Day

Sacraments received:  Baptism  1<sup>st</sup> Communion  Reconciliation  Confirmation

Male  Female First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Year Month Day

Sacraments received:  Baptism  1<sup>st</sup> Communion  Reconciliation  Confirmation

Male  Female First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Year Month Day

Sacraments received:  Baptism  1<sup>st</sup> Communion  Reconciliation  Confirmation