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St. Elizabeth of Hungary Parish

New Member Registration Form

Welcome to St. Elizabeth of Hungary Parish!

Please complete this form and e-mail (or return) it to the parish
szte.iroda@gmail.com

New Members

Member

Family Name	Given Name	Maiden Name (If applicable)	Date of Birth (yyyy-mm-dd)	Place of Birth

Home Phone	Office Phone	Cell Phone	E-mail

☐ Born in Canada, or immigrated in year _____ Occupation _____

☐ Male ☐ Female Religion: ☐ Roman Catholic Other _____ ☐ None

Spouse

Family Name	Given Name	Maiden Name (If applicable)	Date of Birth (yyyy-mm-dd)	Place of Birth

Home Phone	Office Phone	Cell Phone	E-mail

☐ Born in Canada, or immigrated in year _____ Occupation _____

☐ Male ☐ Female Religion: ☐ Roman Catholic Other _____ ☐ None

Marital Status ☐ Catholic Marriage ☐ Civil Marriage ☐ Common Law ☐ Single ☐ Widow ☐ Divorced

Present Address

#	Street	Apt.#	City	Province	Postal Code

☐ I or ☐ both would like to receive the Church Bulletin by e-mail

☐ I or ☐ both would like to request Offertory Envelopes

Date of Completion yyyy-mm-dd

Tell us about your family

If you have children, their date of birth, which school do they attend, about other family members from your household? Hobbies?