

IMMACULATE CONCEPTION PARISH – 2 RICHARDSON AVE. TORONTO

**PARISHIONER'S REGISTRATION FORM &
REQUEST FOR WEEKLY OFFERING ENVELOPES**

DATE OF REGISTRATION _____ / _____ / _____
DAY MONTH YEAR

LAST NAME: _____

FIRST NAME: _____

SPOUSE: _____

CHILDREN: _____

ADDRESS: _____ APT. No. _____

POSTAL CODE: _____

RES. TEL. NO.: (_____) _____

BUS. TEL. NO.: (_____) _____

CELL NO.: (_____) _____

EMAIL ADDRESS: _____

Would you like Weekly Offertory Envelopes: _____ Yes _____ No

For Office Use Only:

New Parishioner _____ Request Envelopes _____ Change of Address _____

Envelope Number Issued: _____

(_____) FOR SACRAMENT NEEDS (BAPTISM & MARRIAGES)

**YOU ARE REQUIRED TO COME TO THE OFFICE AND PICK-UP THE SACRAMENTAL
BROCHURES AVAILABLE REGARDING THE SACRAMENT YOU REQUIRE.**

Date requesting Baptism/Marriage: _____