

# St. Demetrius Byzantine Ukrainian Catholic Church

135 La Rose Ave, Toronto, ON M9P 1A6 Phone: 416-244-5333 Phone: 416-249-5204

## Registration Form

Date: \_\_\_\_\_

<b>Parishioner</b> Male <input type="checkbox"/> Female <input type="checkbox"/> M.I. _____ Title _____	<b>Spouse</b> M.I. _____ Title _____
Last Name _____ First Name _____	Last Name _____ First Name _____
Birth Date _____ Religion _____	Birth Date _____ Religion _____
Baptized <input type="checkbox"/> _____ Language _____	Baptized <input type="checkbox"/> _____ Language _____
Confirmed <input type="checkbox"/> _____ Work Email _____	Confirmed <input type="checkbox"/> _____ Work Email _____
Occupation _____ Work Phone _____	Occupation _____ Work Phone _____
Cell Phone _____	Cell Phone _____
Mailing Address _____	
Street _____ City and State/Prov. _____ Postal Code _____	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Other _____	
Wedding Date _____ Home Phone _____ EMail _____	

<b>Children</b>								
First Name	Last Name	Birth Date	Sex	Bapt.	Conf.	1st Com.	CCD	School / E-mail / Other
_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional Information