

IMMACULATE HEART OF MARY PARISH

131 Birchmount Road

Scarborough, Ontario M1N 3J7

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Please fill out ALL information and PRINT CLEARLY

**□** PARISHIONER’S UPDATE **□** PARISHIONER’S REGISTRATION

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SURNAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Env. #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City Province Postal Code*

**Tel. #:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[mandatory] [required for updates, bulletins, etc.]***

|  |  |  |  |
| --- | --- | --- | --- |
| **NAMES**  **First Middle** | **BIRTHDATE**  **dd / mm / yyyy** | **RELIGION** | **STATUS**  **\*\* [see below]** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\*\* *e.g. husband, wife, son, daughter, single, widow, widower, grandmother/father, uncle, aunt, other, etc.***

***Ways of supporting the Parish:***

1. ***Church envelopes YES*** 🞎 ***NO*** 🞎

***OR***

1. ***Pre-Authorized Giving Plan [PAG]] YES*** 🞎 ***NO*** 🞎

🞎 ***Include both spouse name on tax receipt*** 🞎 Husband 🞎 Wife

**Volunteer interest:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*please specify*

**Please place completed form in the collection basket. Thank you!**