

**ST. PETER THE APOSTLE PARISH**

299 Airport Road  
 North Bay, ON P1B 8W7  
 Phone: 472-1817 Fax: 472-6041 Email: stpeters@vianet.on.ca

FAMILY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE NUMBER: HOME \_\_\_\_\_ WORK \_\_\_\_\_

ENVELOPE NUMBER \_\_\_\_\_ **If you wish envelopes for regular church offerings, please check here:**

NEW PARISHIONER? PLEASE CHECK

	FIRST NAME	INITIAL	MARITAL * STATUS (1-5) date, church and place of marriage	RELIGION	CONVERT Y or N	SEX M-F	DATE OF BIRTH Month-Day-Year place of birth	BAPTIZED date and place of baptism	CONFIRMED date and place of confirmation	OCCUPATION	NAME OF SCHOOL OR EMPLOYER
Husband or single male											
Wife or single female											
Maiden Name											
single adults still at home											
children still at home											

\* Marital Status    1 – Married    2 – Single    3 – Widow/Widower    4 – Separated    5 – Divorced

**Special Instructions:** Please print and fill in as much information as you can and return registration form as early as possible to Parish Office or by Sunday Collection basket. Please use other sheet if needed.