



# St. Ignatius Loyola

## Roman Catholic Church

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### PARISH FAMILY REGISTRATION

Name:	_____		
	First Name	Family Surname	
Spouse:	_____		
	First Name	Last Name, if different	
Address:	_____		
	Street, including Suite/Apt #	City	Postal Code
Telephone: Home:	_____	Business or Cell Phone:	_____
Email Address:	_____		

### Children(s) Information

	Name	Date of Birth	Baptism	
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

*\*\*Please exclude married children or children not residing at your home.*

### Marital Status

Married   
  Single   
  Widowed   
  Divorced   
  Separated

Former Parish: \_\_\_\_\_

Were you involved in any Ministries? \_\_\_\_\_

Please register me for Monthly Pre-Authorized Giving Plan:    Yes    No    PAG Pkg Given: \_\_\_\_\_

Date of Registration: \_\_\_\_\_    Envelope Number: \_\_\_\_\_

Office Use Only: \_\_\_\_\_