

Please return this form to the parish office

St Alphonsus Roman Catholic Parish Registration

341 Munroe Avenue, Winnipeg, MB R2K 1H2 Telephone: 204-667-9580

contactstals@gmail.com

Date: _____ Family Name: _____

Email: _____ Phone: _____ Cell: _____

Address: _____ Postal Code: _____

Wife's Maiden Name: _____

Are you married: _____ Date of Marriage: _____ Church: _____

Address of Church of Marriage: _____

First Language: _____ Second Language: _____

The main source of income for our Parish is through your donations. We require your support to meet our financial obligations. Donations may be made using envelopes or pre-authorized debit. If you wish to donate through pre-authorized debit, please contact the parish office.

Env. #: _____ (Office Use)

Donations are fully deductible for tax purposes. A tax receipt for your envelope total will be issued in February.

Given Names <i>(Adults first, then Children)</i>	Date of Birth mm/dd/year	Gender	Sacraments Received Please Check				Occupation
			Baptism	Eucharist	Confirmation	Marriage	

Our mass times are: Saturday evenings at 5 pm & Sunday mornings at 9 am and 11 am.

Which mass do you think you/your family would regularly attend? _____

May we contact you regarding involvement with our Ministry Program? _____

St. Alphonsus Parish complies with the **PERSONAL INFORMATION PROTECTION AND ELECTRONICS ACT** in the use of this information. This information will only be used for Parish Purposes. If you have children under the age of 18 years, do we have your permission to publish their pictures for parish use? Yes _____ No _____