

St. John Vianney Church Registration Form

385 Dieppe Street, Windsor, Ontario N8S 3V3

Phone: (519) 945-4106 Fax: (519) 945-1642

e-mail: stjohnvianney@dol.ca

Web site: www.stjohnvianney.dol.ca



Welcome to the St. John Vianney Parish Community!

All information will be kept confidential. If you are an independent adult living in the family home, you may wish to complete your own separate form as a Primary Contact. Please return the completed form in the Sunday collection basket or mail it to the Church.

Thank you.

Parish Mission Statement:

We, the faith community of St. John Vianney Church, celebrating the Eucharist as the centre of our faith, are committed to living out the Word of God in our homes, schools, and community.

FAMILY INFORMATION (Please Print)

Last Name:

Home Address:

Apt. No:

City:

Postal Code:

Home Phone:

Cell Phone:

E-mail address:

PRIMARY CONTACT INFORMATION

Would you like to receive Sunday Envelopes?: Yes No Already Receive

Preferred Title: Mr. Mrs. Ms. Dr. Other:

First Name:

Middle Name:

Last Name:

Date of Birth: Month: Day: Year:

Sex: Female Male

Marital Status: Single Married Widowed Separated/Divorced

Sacraments Received in the Catholic Church: None Baptism First Communion
 First Reconciliation Confirmation Marriage

Religion: Roman Catholic Christian Other:

Name to be printed on tax receipts: Same as above or:

Name to be printed on mailing labels: Same as above or:

Are you new to the neighbourhood?: Yes No

Are you transferring from another parish? Yes No

If so, which parish? _____

SPOUSE/PARTNER INFORMATION

Preferred Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	
First Name:	Middle Name:
Last Name:	
Date of Birth: Month: Day: Year:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated/Divorced	
Sacraments Received in the Catholic Church: <input type="checkbox"/> None <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> First Reconciliation <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	
Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Other:	

FIRST DEPENDANT CHILD LIVING AT HOME

First Name:	Middle Name:
Last Name:	
Date of Birth: Month: Day: Year:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to Primary Contact: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Other:	
Sacraments Received in the Catholic Church: <input type="checkbox"/> None <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> First Reconciliation <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	
Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Other:	

SECOND DEPENDANT CHILD LIVING AT HOME

First Name:	Middle Name:
Last Name:	
Date of Birth: Month: Day: Year:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to Primary Contact: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Other:	
Sacraments Received in the Catholic Church: <input type="checkbox"/> None <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> First Reconciliation <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	
Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Other:	

THIRD DEPENDANT CHILD LIVING AT HOME

First Name:	Middle Name:
Last Name:	
Date of Birth: Month: Day: Year:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to Primary Contact: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Other:	
Sacraments Received in the Catholic Church: <input type="checkbox"/> None <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> First Reconciliation <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	
Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Other:	

FOURTH DEPENDANT CHILD LIVING AT HOME

First Name:	Middle Name:
Last Name:	
Date of Birth: Month: Day: Year:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to Primary Contact: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Other:	
Sacraments Received in the Catholic Church: <input type="checkbox"/> None <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> First Reconciliation <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	
Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Other:	

FIFTH DEPENDANT CHILD LIVING AT HOME

First Name:	Middle Name:
Last Name:	
Date of Birth: Month: Day: Year:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to Primary Contact: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Other:	
Sacraments Received in the Catholic Church: <input type="checkbox"/> None <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> First Reconciliation <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	
Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Other:	

SIXTH DEPENDANT CHILD LIVING AT HOME

First Name:	Middle Name:
Last Name:	
Date of Birth: Month: Day: Year:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to Primary Contact: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Other:	
Sacraments Received in the Catholic Church: <input type="checkbox"/> None <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> First Reconciliation <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	
Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Other:	

SEVENTH DEPENDANT CHILD LIVING AT HOME

First Name:	Middle Name:
Last Name:	
Date of Birth: Month: Day: Year:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to Primary Contact: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Other:	
Sacraments Received in the Catholic Church: <input type="checkbox"/> None <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> First Reconciliation <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	
Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Other:	