

Sts. Cyril and Methodius Slovak Catholic Church

Date: / /

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Telephone: 905-712-1200

Email: office@slovakparish.ca

Website: www.slovakparish.ca

REGISTRATION FORM

OFFICE USE ONLY #()

Family (Last) Name	Mailing Address	City	Province ON	Postal Code
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Address (if different from mailing address)	Home Phone	Male Work Phone	Female Work Phone
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Family's Primary e-mail address

Parish of Previous Registration (Church Name & Location)

Members of the Household

Name, first & middle; last only if different from above: (NOTE: If a different last name is shown for anyone, please underline it.)	Date of Birth	M/F	Marital Status	Occupation & Employer or School & Grade	Religion (if not Catholic)

Check Sacraments Received (Please also show in each box the date each Sacrament was received, if known)

Name	Baptism	Reconciliation	Communion	Confirmation	Catholic Marriage



Do you have any special needs or situations that you wish to call to our attention? Please indicate below. Or, if you prefer, just place a "check mark" [✓] here: _____ and we will contact you personally.