

TRANSFIGURATION OF OUR LORD PARISH REGISTRATION FORM

HOW WOULD YOU LIKE TO BE ADDRESSED?

- MR. & MRS.
- MR.
- MRS.
- MS.

FAMILY (LAST) NAME: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

HOME PHONE: _____

CELL PHONE: _____

HUSBAND'S NAME: _____ Occupation: _____

WIFE'S NAME: _____ Occupation: _____

CHILDREN: _____

WOULD YOU LIKE TO SIGN UP FOR DONATION ENVELOPE? _____

DONATION ENVELOPE NUMBER ASSIGNED: _____

Would you like to be involved in any parish miniseries? YES / NO
If yes, which ministry are you interested in? _____