St. Christopher - Whitefish
St. Pius X - Lively
St. Stanislaus – Copper Cliff

Parish Administrator & Pastor
Dr. Fr. John Suresh
Parish Secretary
Ellen Austin

Administration Office
78 Balsam St, Copper Cliff, ON P0M 1N0
t. 705-682-4683
email. ststans@eastlink.ca

PARISH REGISTRATION FORM

Welcome to our parish community. We are grateful you are here. Please print out and complete this form and return it to the parish office by email, mail, or in person.

Thank you for being part of our parish family.

St. Christopher, St. Pius X & St. Stanislaus Roman Catholic Churches
Welcoming Team

1. HOUSEHOLD INFORMATION (Please Print Clearly)

Full Name (Primary): _____

Home Address: _____

City: _____ Postal Code: _____

Primary Phone: _____

Secondary Phone (optional): _____

Email Address: _____

Preferred method of contact: ☐ Phone ☐ e-mail ☐ Mail

Best Time: ☐ Morning ☐ Evening ☐ Anytime

2. HEAD(S) OF HOUSEHOLD

Adult 1

Full Name: _____

Date of Birth (DD/MM/YYY -- optional): _____

Religion: _____

Sacraments Received: ☐ Baptism ☐ First Communion ☐ Confirmation ☐ Marriage

Adult 2 (if applicable)

Full Name: _____

Date of Birth (optional): _____

Religion: _____

Sacraments Received: ☐ Baptism ☐ First Communion ☐ Confirmation ☐ Marriage

3. CHILDREN IN THE HOUSEHOLD

Full Name: _____ Date of Birth: _____

School (optional): _____

Sacraments Received: ☐ Baptism ☐ First Communion ☐ Confirmation

Full Name: _____ Date of Birth: _____

School (optional): _____

Sacraments Received: ☐ Baptism ☐ First Communion ☐ Confirmation

Full Name: _____ Date of Birth: _____

School (optional): _____

Sacraments Received: ☐ Baptism ☐ First Communion ☐ Confirmation

NOTE: Please attach additional pages if needed.

4. PARISH INVOLVEMENT

Liturgical Ministries

☐ Lector ☐ Eucharistic Minister ☐ Altar Server

☐ Choir / Music ☐ Hospitality / Usher

Faith Formation: ☐ Children's Catechism ☐ Youth Ministry

☐ RCIA Support ☐ Adult Faith Formation

Community & Service ☐ Social Committee ☐ Outreach / Food Bank

☐ Fundraising ☐ Pastoral Care

Other talents or interests you'd like to share:

_____

_____

5. ADDITIONAL NOTES OR PASTORAL NEEDS

_____

_____

_____

6. CONSENT

I/we consent to the parish storing this information for pastoral and administrative purposes.

Signature: _____ Date: _____

RETURN OPTIONS

You may return this form by:

- **e-mail:** ststans@eastlink.ca
- **Mail:** St. Stanislaus Roman Catholic Church
  Parish Office
  78 Balsam Street, Copper Cliff, ON P0M 1N0
- **In person:** During office hours or after Mass