



**WELCOME TO ST GREGORY THE GREAT!  
PARISH REGISTRATION FORM / CHANGE OF ADDRESS  
194 Simcoe Street North Oshawa, ON L1G 4S9 PARISH OFFICE: 905-723-8141**

**This information is confidential for Archdiocese and Parish use only**

Date: \_\_\_\_\_

ARE YOU NEW PARISHIONERS? Yes \_\_\_\_\_ No \_\_\_\_\_ WILL YOU USE ENVELOPES? Y \_\_\_\_\_ N \_\_\_\_\_

If this is change of address only, please provide current envelope number: \_\_\_\_\_

**MALE**

Single     Married in the Catholic Church     Married outside the Catholic Church     Widowed

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Date of Birth: (M-D-Y) \_\_\_\_\_ Religious Denomination: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

**FEMALE**     Single     Married in the Catholic Church     Married outside the Catholic Church     Widowed

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Date of Birth: (M-D-Yr) \_\_\_\_\_ Religious Denomination: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE #: Home \_\_\_\_\_ Work \_\_\_\_\_

CHILDREN:	Gender	Birth Date	Religious Denomination	School Attending
Full Name: _____	M F	_____	_____	_____
Full Name: _____	M F	_____	_____	_____
Full Name: _____	M F	_____	_____	_____
Full Name: _____	M F	_____	_____	_____

Our goal is to rebuild our faith community. Let's use our time, talent, and treasure to reconnect with our Church, renew our faith, rebuild our commitment. Would you be interested in participating in any of the following?

- CATHOLIC WOMEN'S LEAGUE
- MINISTERS OF COMMUNION
- LECTORS
- LAY HOSPITAL VISITING
- PRAYER GROUP

- ST. VINCENT'S KITCHEN
- KNIGHTS OF COLUMBUS
- HILLSDALE ESTATES & TERRACES
- VISITING SHUT-INS
- MEALS ON WHEELS