

All Saints Parish - Membership Update Form

If you have any questions, please email communications@allsaintsparish.ca - Or call 834-4501

Spouse 1 - First name:	Preferred Name:
Middle Names:	Names of Parents:
Family Name:	Volunteer Skills:
Date of Birth: MM-DD-YYYY	
Religious Denomination:	
Occupation:	Marriage Date:
Marital Status:	
Spouse 2 - First Name:	Preferred Name:
Middle Names:	Names of Parents:
Family Name:	Volunteer Skills:
Date of Birth: MM-DD-YYYY	
Religious Denomination:	
Occupation:	
Marital Status:	

Child 1 - Full Name:	Preferred Name:
Date of Birth: MM-DD-YYYY	Religious Denomination:
Child 2 - Full Name:	Preferred Name:
Date of Birth: MM-DD-YYYY	Religious Denomination:
Child 3 - Full Name:	Preferred Name:
Date of Birth: MM-DD-YYYY	Religious Denomination:
Child 4 - Full Name:	Preferred Name:
Date of Birth: MM-DD-YYYY	Religious Denomination:

Family Street Address:	
City / Town:	
Province:	
Postal code:	
Family Telephone Number:	
Cellular Number Spouse 1:	Cellular Number Spouse 2:
eMail Address Spouse 1:	eMail Address Spouse 2:

Preferred Communication:	(email, Canada Post, Home Delivery, Telephone)
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