



# Blessed Frédéric Ozanam Roman Catholic Church

## Family Registration & Information Form

We welcome you to Blessed Frédéric Ozanam Parish. Please email completed form to: [office@blessedozanam.ca](mailto:office@blessedozanam.ca) or submit to parish office during Sunday Mass.

### PARISH INFORMATION

Would you like to designate Blessed Frédéric Ozanam Parish as your primary parish?  Yes  No

Previous Parish: \_\_\_\_\_

Have you notified them of changing parishes:  Yes  No

### PRIMARY MEMBER INFORMATION

Title:  Mr.  Mrs.  Miss  Ms.  Dr.  Other: \_\_\_\_\_ Gender:  Male  Female

Name: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Marital Status:  Single  Married  Common Law  Widowed  Separated  Divorced

Religion:  Baptized Roman Catholic  Professed into the Catholic Church  
 Baptized other Christian denomination (specify: \_\_\_\_\_ )

### SACRAMENTS RECEIVED IN THE CATHOLIC CHURCH

Baptism  First Communion  Confirmation  Catholic Marriage

If you were NOT married in the Catholic Church, would you like to discuss the possibility of having your marriage blessed and made a Sacrament?  Yes  No

### OTHER MEMBER INFORMATION

Title:  Mr.  Mrs.  Miss  Ms.  Dr.  Other: \_\_\_\_\_ Gender:  Male  Female

Name: \_\_\_\_\_  
(First) (Last)

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship to the primary member: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status:  Single  Married  Common Law  Widowed  Separated  Divorced

Religion:  Baptized Roman Catholic  Professed into the Catholic Church  
 Baptized other Christian denomination (specify: \_\_\_\_\_ )

### SACRAMENTS RECEIVED IN THE CATHOLIC CHURCH:

Baptism  First Communion  Confirmation  Catholic Marriage

<b>DEPENDENTS (UNDER AGE 18)</b>						
<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth DD/MM/YEAR</b>	<b>Relationship to Primary Member</b>	<b>Received Baptism?</b>	<b>Received First Communion?</b>	<b>Received Confirmation?</b>
				<input type="checkbox"/> Yes <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet
				<input type="checkbox"/> Yes <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet
				<input type="checkbox"/> Yes <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet
				<input type="checkbox"/> Yes <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet

**ADDITIONAL INFORMATION**

- Is there someone in your household who is unable to attend the Sunday Mass due to illness?  
 Yes  No If yes, please specify his/her name: \_\_\_\_\_
- Would they like to receive the Sacrament of the Anointing of the Sick?  Yes  No
- Would they like to be visited by a member of the Ministry of Pastoral Visitation and receive Holy Communion on a regular basis?  Yes  No
- Is there a child with special needs in your household?  Yes  No
- Would you like your home blessed by Father?  Yes  No
- Do you, or a member of your family, have a gluten allergy and require a **low gluten** host?  Yes  No

**OFFERTORY INFORMATION**

- Would you like to have your own box of Parish Offertory Envelopes for your donations?  Yes  No.
- Would you like to enroll in the pre-authorized giving (PAG) program?  Yes  No  
(if yes, please complete attached PAG Authorization Form & bring it to our office during Mass)
- Include both spouses' names on Tax Receipt?  Yes  No Envelope No. \_\_\_\_\_

**PARISH INVOLVEMENT**

Our parish offers many opportunities for individuals and families to offer their talents and gifts for the community. Should you wish to be involved in a parish ministry, we will provide more information for you. **Please check the ministry or ministries you are interested in being involved in:**

**Have you ever had the experience of being active in parish ministry?**  Yes  No

**LITURGICAL MINISTRIES**

- |  |   |
|--|---|
| <input type="checkbox"/> ALTAR SERVERS                     | <input type="checkbox"/> LECTORS            |
| <input type="checkbox"/> MINISTERS OF HOSPITALITY (USHERS) | <input type="checkbox"/> CHILDREN'S LITURGY |
| <input type="checkbox"/> SACRISTAN                         | <input type="checkbox"/> MUSIC MINISTRY     |

**CATECHETICAL MINISTRIES**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> SACRAMENTAL PREPARATION FOR CHILDREN              | <input type="checkbox"/> BAPTISM     |
| <input type="checkbox"/> RITE OF CHRISTIAN INITIATION OF ADULTS (R.C.I.A.) | <input type="checkbox"/> BIBLE STUDY |

**SERVICE MINISTRIES**

- |  |  |
|--|--|
| <input type="checkbox"/> EXTRAORDINARY MINISTERS TO THE SICK & HOMEBOUND | <input type="checkbox"/> LEGION OF MARY      |
| <input type="checkbox"/> CATHOLIC WOMEN'S LEAGUE (C.W.L.)                | <input type="checkbox"/> KNIGHTS OF COLUMBUS |
| <input type="checkbox"/> ST. VINCENT DE PAUL                             | <input type="checkbox"/> SOCIAL COMMITTEE    |
|  | <input type="checkbox"/> PRAYER LINE         |

**PASTORAL**

- FINANCE COMMITTEE