

EPIPHANY OF OUR LORD PARISH
Phone: 416-499-2196 Fax: 416-499-2354
PARISH REGISTRATION FORM

Registration Date

Donation Envelope No.
(For Office Use Only)

☐ New Parishioner ☐ Change of Information ☐ Moving to New Address

Primary / Head of Household

☐ Mr. ☐ Mrs. ☐ Miss

Last Name _____ First Name _____

Street Address _____ Apt./Unit # _____

City _____ Postal Code _____

Cell # _____ Home # _____ Email (Optional) _____

Spouse ☐ N/A

☐ Mr. ☐ Mrs. ☐ Miss

Last Name _____ First Name _____

How do you wish to support the parish?

- ☐ Pre-Authorized Giving (PAG). Automatic withdrawal from your account every 20th of each month.
☐ Pre-numbered envelope. Please choose this option if you wish to contribute for the Sunday Offerings.
☐ Include both spouse names on tax receipt? **YES / NO**

Household Members (Please indicate relationship.)

_____	_____
_____	_____
_____	_____
_____	_____