Precious Blood Parish
1737 Lawrence Avenue East
Toronto, Ontario M1R 2X7

Updated Form
YES or NO
Please circle one

REGISTRATION FORM

Name

First Name _____ Family Name _____ First Name of Spouse _____ Family Name of Spouse (if different) _____

Child _____ Child _____ Child _____ Child _____

Address

Street _____

City – Province – Postal Code _____

Contact Information:

Phone #: Residence _____ Cell _____ Business _____

Email Address: _____

Envelopes:

Would you like to use weekly offering envelopes? **Yes** ☐ **No** ☐

If so, you may pick up your envelopes next Sunday from the Weekend Office, open during all the masses on the weekend.

Volunteering & Questions:

Would you like to volunteer? **Yes** ☐ **No** ☐

Do you have any questions? **Yes** ☐ **No** ☐

If you answer "Yes" to any of the above questions, a volunteer will contact you.

Welcome to the Precious Blood Family!