

PARISH REGISTRATION



St. Margaret's Church

589 Hugel Avenue,
Midland ON L4R 1W3
705-526-6313

stmargaretsmi.archtoronto.org/

Please print clearly

Last Name: _____

First Name: _____

Spouse's Name: _____

Children:

_____ D.O.B: _____

_____ D.O.B: _____

_____ D.O.B: _____

_____ D.O.B: _____

Address: _____

Postal Code: _____

Phone: _____

Email: _____

Occupations: _____

**I would like to volunteer for
(check all that apply)**

- Communion to the Sick
- Extraordinary Minister of Communion
- Minister of Hospitality (Sunday Masses)
- Minister of the Word (Lector)
- Minister of the Altar (Altar Servers Gr. 3+)
- St. Vincent de Paul Society
- Choir Member
- Cantor
- Musician
- Boys or Girls FNE
- Youth Ministry
- Other: _____

**I would like to participate in
(check all that apply)**

- Envelope Use
- Pre-Authorized Giving (Direct Withdrawal)
- Donate Now (Credit Card)

Signature: _____

Date: _____

*Please deliver to the parish office by mail,
collection basket, or offering box in the church.*

Thank You.