Sacred Heart Roman Catholic Parish
Alberton, PE
Phone: 902-853-2344
Email: sacredheartparish@eastlink.ca
Facebook: Sacred Heart Parish

Sacred Heart Parish
Parishioner Registration Form

Date: _____ Family Name: _____

Given Name(s): _____ Date of Birth: _____

Spouse Name(s): _____ Date of Birth: _____

Address: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Mailing Address: _____

Family Information: Please list all dependents up to the age of 19 that reside at the same address. Place a checkmark in the box to indicate if the sacraments have been received by the dependent.

Dependent First Name (Family name if different)	Sex M/F	Birthdate (yy/mm/dd)	School	Baptism	First Eucharist	Reconciliation	Confirmation

Support Your Parish: You are a steward of your parish, and you are invited to contribute to your spiritual home with your **Time, Talents, and Treasure.**

Treasure:

Collection Envelope: ____ **OR** Etransfer to sacredheartparish@eastlink.ca : ____ **OR** Direct Deposit:____

Time & Talents: All family members are asked to consider being a participant in the ministries of this parish. Please circle all that you or your family members would like more information on or are interested in:

Altar Server | Catechism Teacher | Cemetery | Eucharist | Finance

Fundraising | Liturgy | Music | Youth Group | Other: _____

What do you want from your parish, and what are you willing to do to make it happen? _____
_____.

Are you familiar with any Catholic in the parish who is homebound? If yes, do you have their contact information?
_____
_____.

Thank you for taking the time to complete this registration form. Completed forms can be dropped off at church or the parish office.