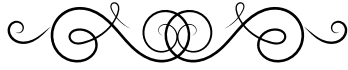


OUR LADY OF THE VISITATION PARISH PARISH REGISTRATION FORM

5338 BANK ST. GLOUCESTER, ON, K1X 1H1



Family Name: _____ Envelope #: _____
 My Family Requests PAG My Family Requests an Envelope Box

Address: _____ Apt. #: _____ P.O. Box: _____

City: _____ Postal Code: _____

Home Phone #: _____ email: _____

Family Members:

Adult: _____ Religion: _____

Phone #'s: _____ Occupation: _____

Adult: _____ Religion: _____

Phone #'s: _____ Occupation: _____

Other Adult (s): _____ Religion: _____

Phone #'s: _____ Occupation: _____

| Children: | Name | Birth Date Y/M/D | School / Occupation |
|-----------|-------|------------------|---------------------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ |
| 6 | _____ | _____ | _____ |

Skills / Time your family can share with our parish: _____

Mass time we prefer/usually attend Sat 4:30pm Sun 9:00am Sun 11:00am



If you are new to our parish, please take a moment to introduce yourself to our pastor before or after any Mass



phone: 613-822-2197 ~ website: www.olvottawa.ca ~ email: office@olvottawa.ca