



St. Andrew the Apostle Roman Catholic Church

1250 Barrydowne Road, Sudbury ON P3A 3V7

Tel. 705.566.1876

e-mail. standrewsudbury@gmail.com

Diocese of Sault. Ste. Marie

PARISH REGISTRATION FORM

Welcome to our parish community. We are grateful you are here. Please print out and complete this form and return it to the parish office by email, mail, or in person.

Thank you for being part of our parish family.

St. Andrew the Apostle

Welcoming Team

1. HOUSEHOLD INFORMATION (Please Print Clearly)

Full Name (Primary): _____

Home Address: _____

City: _____ Postal Code: _____

Primary Phone: _____

Secondary Phone (optional): _____

Email Address: _____

Preferred method of contact: Phone e-mail Mail

Best Time: Morning Evening Anytime

2. HEAD(S) OF HOUSEHOLD

Adult 1

Full Name: _____

Date of Birth (DD/MM/YYYY -- optional): _____

Religion: _____

Sacraments Received: Baptism First Communion Confirmation Marriage

Adult 2 (if applicable)

Full Name: _____

Date of Birth (optional): _____

Religion: _____

Sacraments Received: Baptism First Communion Confirmation Marriage

3. CHILDREN IN THE HOUSEHOLD

Full Name: _____ **Date of Birth:** _____

School (optional): _____

Sacraments Received: Baptism First Communion Confirmation

Full Name: _____ **Date of Birth:** _____

School (optional): _____

Sacraments Received: Baptism First Communion Confirmation

Full Name: _____ **Date of Birth:** _____

School (optional): _____

Sacraments Received: Baptism First Communion Confirmation

NOTE: Please attach additional pages if needed.

4. PARISH INVOLVEMENT

Liturgical Ministries

Lector Eucharistic Minister Altar Server

Choir / Music Hospitality / Usher

Faith Formation:

Children’s Catechism

Youth Ministry

RCIA Support

Adult Faith Formation

Community & Service

Social Committee

Outreach / Food Bank

Fundraising

Pastoral Care

Other talents or interests you’d like to share:

5. ADDITIONAL NOTES OR PASTORAL NEEDS

6. CONSENT

I/we consent to the parish storing this information for pastoral and administrative purposes.

Signature: _____ Date: _____

RETURN OPTIONS

You may return this form by:

- **e-mail:** standrewsudbury@gmail.com
- **Mail:** St. Andrew the Apostle Parish, 1250 Barrydowne Rd., Sudbury ON P3A 3V7
- **In person:** During office hours or after Mass