



*St. Mary of the Presentation Church, Chesterville /  
 St. Daniel the Martyr Church, South Mountain*  
 10 Church Street, P.O. Box 730,  
 Chesterville, Ontario K0C 1H0  
 TELEPHONE: 613-448-3262  
 EMAIL: StMary.Chesterville@archkingston.ca



**Registration Form for St. Mary, Chesterville**

**Family Name:** \_\_\_\_\_

<b>Adult #1</b>	<b>Adult #2</b>
Name _____	Name _____
Date of Birth _____	Date of Birth _____
Occupation _____	Occupation _____
Religion: _____	Religion: _____
Marital Status: _____ (Single, Engaged, Married, Separated, Divorced, Widowed)	Marital Status: _____ (Single, Engaged, Married, Separated, Divorced, Widowed)
If married, Date of Marriage _____	If married, Date of Marriage _____
Were you married by a Catholic Priest Y or N .	Were you married by a Catholic Priest Y or N .
Sacraments Received (check all that apply):	Sacraments Received (check all that apply):
Baptism   Eucharist   Penance   Confirmation   None	Baptism   Eucharist   Penance   Confirmation   None

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**(Include Street/Road, Post Office Box (Rural Route), City, Postal Code**

**Telephone (Cell)** \_\_\_\_\_ **Alternative** \_\_\_\_\_

**Email** \_\_\_\_\_

<b>Child #1</b> Name _____  Date of Birth _____  Religion: _____  Sacraments Received (check all that apply):  Baptism    Eucharist    Penance    Confirmation    None	<b>Child #2</b> Name _____  Date of Birth _____  Religion: _____  Sacraments Received (check all that apply):  Baptism    Eucharist    Penance    Confirmation    None
<b>Child #3</b> Name _____  Date of Birth _____  Religion: _____  Sacraments Received (check all that apply):  Baptism    Eucharist    Penance    Confirmation    None	<b>Child #4</b> Name _____  Date of Birth _____  Religion: _____  Sacraments Received (check all that apply):  Baptism    Eucharist    Penance    Confirmation    None

**Envelope Number \_\_\_\_\_ OR I would like envelopes Y or N**

**Would you like a clergy visit Yes or No ?**

**I would like to join/volunteer for the following ministries or organizations:**

<u>Ministry or Organization</u>	<u>Name of Family Member Who Is Interested</u>
St. Mary Praying Hands	_____
Knights of Columbus	_____
Music Ministry	_____
Youth Ministry	_____
Pastoral Care	_____
Readers	_____
Altar Servers	_____
Children's Liturgy	_____
Eucharistic Ministers	_____
Offertory Gift Bearers	_____
Ushers	_____