

No parish can function effectively without the participation of its members. The variety of talents and gifts possessed by our parishioners is endless...but they need to be shared! Would you be willing to offer your special talent to God's Kingdom? We need your involvement in liturgies, helping organizations, assorted parish groups and our schools. Please indicate below if you could be of help in one or more of the following.

- |  |   |
|--|---|
| <input type="checkbox"/> Altar Server (grade 4 and higher or adult - male or female) |   |
| <input type="checkbox"/> Eucharistic Minister at regular / special Masses            |   |
| <input type="checkbox"/> Eucharistic Minister to the sick and shut ins               | <input type="checkbox"/> Sacristy/Sanctuary                           |
| <input type="checkbox"/> Lector / Reader   | <input type="checkbox"/> Church office on Sundays for Mass intentions |
| <input type="checkbox"/> Usher   | <input type="checkbox"/> Counters/Collection                          |
| <input type="checkbox"/> Hungarian School  | <input type="checkbox"/> Powerpoint for Sunday Masses                 |
| <input type="checkbox"/> Choir / Music Ministry                                      | <input type="checkbox"/> Women's Group                                |
| <input type="checkbox"/> Volunteer Social Activities / Dinners                       | <input type="checkbox"/> Finance / Pastoral / Building Committee      |
| <input type="checkbox"/> Volunteer BINGO   |   |
| <input type="checkbox"/> Outreach Ministry / Out of the Cold                         |   |
| <input type="checkbox"/> Scouts  |   |

Any other suggestions? \_\_\_\_\_

Who is the parishioner interested in these ministries?  
\_\_\_\_\_

Please note we celebrate Mass on \_\_\_\_\_ Sunday 11:30 a.m.

*Thank you for taking the time in completing this registration form.*

# Registration Form

**St. Stephen of Hungary Roman Catholic Church  
130 Barton Street East  
Hamilton, ON L8L2W4**

**Offsite phone: 905-387-3550 or 905-529-1213**

**Email: [ststephenhamilton@hamiltondiocese.com](mailto:ststephenhamilton@hamiltondiocese.com)**

**[www.ststephenhamilton.church](http://www.ststephenhamilton.church)**

## Welcome

**Administrator/Pastor of St. Stephen: Rev. Joseph Durkacz**

**To all who worship with us. May the Lord Bless you!**

**(This information is confidential and will be used for parish records only!)**

**WELCOME!**

Date registered: \_\_\_\_\_

This information is kept confidential and will be used for parish records only.  
We do not share with anyone and is shredded after entry.

**Adult 1**

Male ( ) Female ( ) Mr. / Mrs. / Ms. / Miss / Dr.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Religion \_\_\_\_\_  
Year / Month / Day

Baptized: Yes  No  Language \_\_\_\_\_

Confirmed: Yes  No  Ethnicity \_\_\_\_\_

Occupation \_\_\_\_\_

Maiden Name \* \_\_\_\_\_

*\* If applicable to married couples only. This information is used for our sacramental records only.*

Marital Status: Single  Married  Common – Law  Separated / Divorced  Widow  Engaged

Wedding Date: \_\_\_\_\_ Church of Marriage: \_\_\_\_\_

.....  
Would you like to use Sunday offering envelopes? Yes  No  Box # \_\_\_\_\_

Office use only

\*\*\*\*\* If you are requesting a boxed set of envelopes, they will be made ready for you to pick up the following week in the sacristy. \*\*\*\*\*

**Mailing Address**

House # & Street Name \_\_\_\_\_ Apt#/Unit # \_\_\_\_\_

City and Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Children Information only - If others live with you, please have them complete their own registration form.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Male  Female

Date of Birth: \_\_\_\_\_ Baptized  Communion  Confirmed  School: \_\_\_\_\_ Grade \_\_\_\_\_  
Year / Month / Day Please check off which sacraments your child has received.

.....  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Male  Female

Date of Birth: \_\_\_\_\_ Baptized  Communion  Confirmed  School: \_\_\_\_\_ Grade \_\_\_\_\_  
Year / Month / Day Please check off which sacraments your child has received.

.....  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Male  Female

Date of Birth: \_\_\_\_\_ Baptized  Communion  Confirmed  School: \_\_\_\_\_ Grade \_\_\_\_\_  
Year / Month / Day Please check off which sacraments your child has received.

**IF YOU HAVE MORE CHILDREN – PLEASE ATTACH ANOTHER REGISTRATION FORM – THANK YOU**

If children are not enrolled in Catholic School, are they enrolled in any religious instruction course? Yes  No

Would you like more information about any religious courses for children Yes  No  or adults Yes  No