

天主教聖曹桂英堂
St. Agnes Kouying Tsao Catholic Church

Parishioner Registration Form

NEW

UPDATE

RCIA

Household Information

Address (Unit/Street # and Street Name):	
City:	Postal Code:
Donation Envelope Number (If Known):	E-mail Address:
Home Telephone:	Mobile Phone

Country of Origin: _____ How Long Have You/Your Family Been in Canada: _____ years

Last Name	First Name	Gender	Marital Status	Age	Relation	Roman Catholic	Attend Mass at SATCC	Home Language	Education	Status
		<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Other	<input type="radio"/> <9 <input type="radio"/> 10-19 <input type="radio"/> 20-29 <input type="radio"/> 30-39 <input type="radio"/> 40-49 <input type="radio"/> 50-59 <input type="radio"/> 60+	Self	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Sat. 4:30 pm <input type="radio"/> Sat. 6:30 pm <input type="radio"/> Sun 8:15am <input type="radio"/> Sun 10am <input type="radio"/> Sun 12 noon <input type="radio"/> Sun 2pm <input type="radio"/> None	<input type="radio"/> Cantonese <input type="radio"/> Mandarin <input type="radio"/> English <input type="radio"/> Others	<input type="radio"/> Primary <input type="radio"/> High School <input type="radio"/> College <input type="radio"/> University <input type="radio"/> Post Graduate	<input type="radio"/> Canadian <input type="radio"/> Landed Immigrant <input type="radio"/> Work Permit <input type="radio"/> Visa

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