天主教聖曹桂英堂

St. Agnes Kouying Tsao Catholic Church 2130 Rodick Road, Markham, Ontario, Canada L6C 1S7

Parishioner Registration Form

□ NEW □ UPI	DATE RCIA	DATE:	
HOUSEHOLD INFO	ORMATION	**ENVELOPE #:	
Last Name:		First Name:	
Name(s) on tax receipts:			
Gender: M or F	Age: © 0-9 © 10-19	C 20-29 C 30-39 C 40-49 C 50-59 C 60+	
Address:			
Phone Number (H):		Phone Number (M):	
Email Address:			
Country of Origin:		How long have you/your family been in Canada:	
Marital Status: C Married C Single C Widowed C Other			
Roman Catholic:	C Yes C No	Attend Mass at SATCC (AM/PM):	
Home Language: C Cantonese C Mandarin C English C Other (specify)			
Education:	C Primary C High Scho	ool C College C University C Postgraduate	
Status in Canada: C Canadian C Landed Immigrant C Work Permit C Visa			
INFORMATION O	F SPOUSE, CHILDREN	AND OTHER DEPENDENTS	
Last Name:		First Name:	
Gender: M or F	Age: C 0-9 C 10-19	C 20-29 C 30-39 C 40-49 C 50-59 C 60+	
Relationship: C Spouse C Son C Daughter C Father C Mother C Other (specify)			
Roman Catholic:	C Yes C No	Attend Mass at SATCC (AM/PM):	
Home Language: C Cantonese C Mandarin C English C Other (specify)			
Education: C Primary C High School C College C University C Postgraduate			
Status in Canada: C Canadian C Landed Immigrant C Work Permit C Visa			

INFORMATION OF SPOUSE, CHILDREN AND OTHER DEPENDENTS

Last Name:	First Name:		
Gender: M or F Age: C 0-9 C 10-19 C 20-29 C 30-39 C 40-49 C 50-59 C 60+			
Relationship: C Spouse C Son C Daughter C Father C Mother C Other (specify)			
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Home Language: C Cantonese C Mandarin C English C Other (specify)			
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