



Parish Registration Form - Our Lady of Grace

27 Centre St. Angus, ON L0M 1B0

Phone: (705) 424-1551

Office Hours Tuesday and Thursday 9am-2pm

E-mail: olgracean@archtoronto.org

Website: olgracean.archtoronto.org

YouTube: Our Lady of Grace Church Angus

Primary Contact:

Mr. / Mrs. / Ms. _____
(First) (Last)

Birth Date: ___/___/___
(MM/DD/YY)

Street address: _____

Apt: _____

City: _____ Postal Code: _____

Phone 1: _____ H / W / C

Phone 2: _____ H / W / C

Email: _____

Languages Spoken: _____

Religion: _____

Do you wish to support the parish by way of:

Automatic Preauthorized giving (PAG)

(Separate Registration Form Required - Automatic Bank Withdrawal on the 20th of each month.)

OR

Sunday Offering Envelopes

Name to appear on Tax Receipt: _____

Envelope #: _____

Additional Household Members:

First Name	Last Name	Birth Date (mm/dd/yy)	Relationship	Religion

Can you or anyone in your home volunteer time or services to the Parish?

If so, please let us know by dropping by the office, speaking to Fr. Jim or by visiting our website and filling out our volunteer survey!