

# Change of Information Form

## St. George's Church, St. Catharines

Please use this form to correct or update current information on file. Complete only those areas that have changed or need correcting. When completed, either mail it to 83 Church St., St. Catharines, ON L2R 3C7; fax it to 866-333-6092 or email to [ltelega@stgeorgesanglican.ca](mailto:ltelega@stgeorgesanglican.ca)

**Bold, Red** fields with an asterisk ("\*") are required.

<b>*Parish Number</b>		<b>*Effective Date of Change</b>	year	month	day
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Personal Information Change					
<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Date of Birth</b>	year	month	day	<b>Marital Status</b>	

Contact Information Change					
<b>Address</b>					
<b>City</b>		<b>Prov.</b>		<b>Postal Code</b>	
<b>Home Phone</b>		<b>Cell Phone</b>			
<b>Email</b>			<b>Fax</b>		
<b>Emergency Contact</b>				<b>Telephone No.</b>	

Additional Member					
<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Date of Birth</b>	year	month	day	<b>Sex</b>	Male Female

Additional Member					
<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Date of Birth</b>	year	month	day	<b>Sex</b>	Male Female

Signature: \_\_\_\_\_  
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