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Coptic Orthodox Patriarchate
Diocese of Mississauga, Vancouver and Western Canada
Saint Mina's Coptic Orthodox Church - Hamilton, Ontario, Canada
 ΠΑΝΑΡΧΙΕΡΗΣ ΝΤΕ ΜΙΣΙΣΑΓΑ ΝΕΜ ΦΑΝΚΟΤΦΕΡ ΝΕΜ ΠΕΜΕΝΤ ΝΤΕ ΚΑΝΑΔΑ
 ΠΑΝΕΠΙΣΚΟΠΟΣ ΝΤΕ ΜΙΣΙΣΑΓΑ ΝΕΜ ΦΑΝΚΟΤΦΕΡ ΝΕΜ ΠΕΜΕΝΤ ΝΤΕ ΚΑΝΑΔΑ
 ПЕРВООБРАЗОВАТЕЛЬНАЯ ЦЕРКОВЬ СВЯТЫХ АПОСТОЛ ПЕТРА И ПАВЛА
 В ГРАНИЦАХ КАНАДЫ
 بطريركية الأقباط الأرثوذكس - إيبارشية ميسيساجا وفانكوفر وغرب كندا
 كنيسة الشهيد العظيم مارينا العجايبى - هاميلتون، أونتاريو، كندا



Family Registration for Church Database

(See back for Spouse and Children Data)

CONTACT INFORMATION

Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Fr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> N/A	First Name	Middle Name(s)	Last Name
Home Address: Street Name and Number (incl. Apt./Unit)		City/Province	Postal Code
Home Phone	Cell Phone	Work Phone	Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Primary Email		Alternative Email	

PERSONAL INFORMATION

Birthday (MM/DD/YYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Allergies: <input type="checkbox"/> Eggs <input type="checkbox"/> Milk <input type="checkbox"/> Peanut <input type="checkbox"/> Soy <input type="checkbox"/> Gluten <input type="checkbox"/> Other: _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Date Married (MM/DD/YYYY)	Family Position: <input type="checkbox"/> Head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other
Profession	Profession Specialization	Current Employer
Twitter Link	Facebook Link	LinkedIn Link
		Instagram Link

CHURCH PARTICIPATION

Member Status: <input type="checkbox"/> Member <input type="checkbox"/> Inactive <input type="checkbox"/> Non-Member	Date Joined (MM/DD/YYYY)	Deacon Rank: <input type="checkbox"/> Epsaltos <input type="checkbox"/> Anaghnostos <input type="checkbox"/> Subdeacon <input type="checkbox"/> Deacon <input type="checkbox"/> Archdeacon <input type="checkbox"/> N/A
Groups: (check all that apply)		
- Leadership: <input type="checkbox"/> Board of Directors <input type="checkbox"/> Engineering <input type="checkbox"/> Maintenance <input type="checkbox"/> Cleaning <input type="checkbox"/> New Comers <input type="checkbox"/> Reception <input type="checkbox"/> Kitchen <input type="checkbox"/> Audio/Video Store <input type="checkbox"/> Bookstore <input type="checkbox"/> Accounting <input type="checkbox"/> Multimedia <input type="checkbox"/> Holy Bread <input type="checkbox"/> Other: _____		
- Services: <input type="checkbox"/> Deacons <input type="checkbox"/> Servants <input type="checkbox"/> Pre-Servants <input type="checkbox"/> Ladies Meeting <input type="checkbox"/> Seniors Meeting <input type="checkbox"/> Choir Kids <input type="checkbox"/> Choir Youth		
- Sunday School: <input type="checkbox"/> Pre-Kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade 01 <input type="checkbox"/> Grade 02 <input type="checkbox"/> Grade 03 <input type="checkbox"/> Grade 04 <input type="checkbox"/> Grade 05 <input type="checkbox"/> Grade 06 <input type="checkbox"/> Grade 07 <input type="checkbox"/> Grade 08 <input type="checkbox"/> Grade 09 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> University Group <input type="checkbox"/> Graduate Group		

IMPORTANT DATES @ STMINAHAMILTON (personal events happened at St. Mina Hamilton)

Baptism (MM/DD/YYYY) Date: _____ New Name: _____ Priest/Bishop: _____	Engagement (MM/DD/YYYY) Date: _____ Priests: _____	Wedding (MM/DD/YYYY) Date: _____ Priests: _____	Funeral (MM/DD/YYYY) Date: _____ Priests: _____
D1 Epsaltos Date: _____ New Name: _____ Bishop: _____	D2 Anaghnostos Date: _____ New Name: _____ Bishop: _____	D3 Subdeacon Date: _____ New Name: _____ Bishop: _____	D4 Deacon Date: _____ New Name: _____ Bishop: _____ D5 Archdeacon Date: _____ New Name: _____ Bishop: _____ Priest Date: _____ New Name: _____ Bishop: _____

* Please submit filled forms to Fr. Metias personally or email it directly to info@stminahamilton.ca

(Please add more pages if needed)	SPOUSE	CHILD 1	CHILD 2	CHILD 3
First Name				
Last Name				
Cell Phone				
Primary Email				
Birthday (MM/DD/YYYY)				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Allergies	<input type="checkbox"/> Eggs <input type="checkbox"/> Milk <input type="checkbox"/> Peanut <input type="checkbox"/> Soy <input type="checkbox"/> Gluten <input type="checkbox"/> Other: _____	<input type="checkbox"/> Eggs <input type="checkbox"/> Milk <input type="checkbox"/> Peanut <input type="checkbox"/> Soy <input type="checkbox"/> Gluten <input type="checkbox"/> Other: _____	<input type="checkbox"/> Eggs <input type="checkbox"/> Milk <input type="checkbox"/> Peanut <input type="checkbox"/> Soy <input type="checkbox"/> Gluten <input type="checkbox"/> Other: _____	<input type="checkbox"/> Eggs <input type="checkbox"/> Milk <input type="checkbox"/> Peanut <input type="checkbox"/> Soy <input type="checkbox"/> Gluten <input type="checkbox"/> Other: _____
Profession				
Profession Specialization				
Current Employer				
Social Media Links				
Deacon Rank	<input type="checkbox"/> Epsaltos <input type="checkbox"/> Anaghnostos <input type="checkbox"/> Subdeacon <input type="checkbox"/> Deacon <input type="checkbox"/> Archdeacon <input type="checkbox"/> N/A	<input type="checkbox"/> Epsaltos <input type="checkbox"/> Anaghnostos <input type="checkbox"/> Subdeacon <input type="checkbox"/> Deacon <input type="checkbox"/> Archdeacon <input type="checkbox"/> N/A	<input type="checkbox"/> Epsaltos <input type="checkbox"/> Anaghnostos <input type="checkbox"/> Subdeacon <input type="checkbox"/> Deacon <input type="checkbox"/> Archdeacon <input type="checkbox"/> N/A	<input type="checkbox"/> Epsaltos <input type="checkbox"/> Anaghnostos <input type="checkbox"/> Subdeacon <input type="checkbox"/> Deacon <input type="checkbox"/> Archdeacon <input type="checkbox"/> N/A
Groups (write all that apply from list on back)				
IMPORTANT DATES (personal events happened at St. Mina Hamilton)	SPOUSE	CHILD 1	CHILD 2	CHILD 3
Baptism (MM/DD/YYYY)	Date: _____ New Name: _____ Priest/Bishop: _____	Date: _____ New Name: _____ Priest/Bishop: _____	Date: _____ New Name: _____ Priest/Bishop: _____	Date: _____ New Name: _____ Priest/Bishop: _____
Engagement (MM/DD/YYYY)	Date: _____ Priests: _____	Date: _____ Priests: _____	Date: _____ Priests: _____	Date: _____ Priests: _____
Wedding (MM/DD/YYYY)	Date: _____ Priests: _____	Date: _____ Priests: _____	Date: _____ Priests: _____	Date: _____ Priests: _____
Funeral (MM/DD/YYYY)	Date: _____ Priests: _____	Date: _____ Priests: _____	Date: _____ Priests: _____	Date: _____ Priests: _____
D1 Epsaltos (MM/DD/YYYY)	Date: _____ New Name: _____ Bishop: _____	Date: _____ New Name: _____ Bishop: _____	Date: _____ New Name: _____ Bishop: _____	Date: _____ New Name: _____ Bishop: _____
D2 Anaghnostos (MM/DD/YYYY)	Date: _____ New Name: _____ Bishop: _____	Date: _____ New Name: _____ Bishop: _____	Date: _____ New Name: _____ Bishop: _____	Date: _____ New Name: _____ Bishop: _____
D3 Subdeacon (MM/DD/YYYY)	Date: _____ New Name: _____ Bishop: _____	Date: _____ New Name: _____ Bishop: _____	Date: _____ New Name: _____ Bishop: _____	Date: _____ New Name: _____ Bishop: _____
D4 Deacon (MM/DD/YYYY)	Date: _____ New Name: _____ Bishop: _____	Date: _____ New Name: _____ Bishop: _____	Date: _____ New Name: _____ Bishop: _____	Date: _____ New Name: _____ Bishop: _____
D5 Archdeacon (MM/DD/YYYY)	Date: _____ New Name: _____ Bishop: _____	Date: _____ New Name: _____ Bishop: _____	Date: _____ New Name: _____ Bishop: _____	Date: _____ New Name: _____ Bishop: _____
Priest (MM/DD/YYYY)	Date: _____ New Name: _____ Bishop: _____	Date: _____ New Name: _____ Bishop: _____	Date: _____ New Name: _____ Bishop: _____	Date: _____ New Name: _____ Bishop: _____