

Choose 1 option only

Would you like more information about our direct withdrawal or credit card donation program?

Yes No

Please see website for Automated Donation Sign Up Form.

OR Would you like donation envelopes for income tax purposes?

Yes No

If **yes**, whose name should the envelopes be registered to?
(Only one name please)

Would you like a visit from our Welcoming Committee?
(not applicable now)

Yes No

Would you like to be the offertory family at a Mass?

Yes No

If yes, at which Mass? (circle one)
Saturday at 5pm, Sunday 9am OR 11am

Would you like Ministry Volunteer information?

Yes No

Airdrie Catholic Schools

Our Lady Queen of Peace

Kindergarten – Grade 9
French Immersion available
1820 1st Ave NW
403-500-2064

Good Shepherd

Kindergarten – Grade 9
1319 Thorburn Drive SE
403-500-2117

St. Veronica School

Kindergarten – Grade 9
380 Coopers Dr SW
403-500-2134

St. Martin de Porres High School

Grades 10 – 12
410 Yankee Valley Blvd. SW
403-500-2041

Are you new to

St. Paul's Parish?



1305 Main Street,

Airdrie, AB. T4B 1C5

Ph: 403-948-5394

Fax: 403-948-0160

Email:

stpaulsairdrie@shaw.ca

Website:

www.stpaulsairdrie.ca

Pastor

Fr. Robert (Bob) Dielissen

Associate Pastor

Fr. Thomas Vadassery

Deacons

Deacon Ted d’Haène

Business Administrator of
Temporalities

Deacon Gary Haney

Coordinator of Baptisms

Deacon Doug Lynch

Coordinator of Funerals

Fr. Bob or Secretary

For Marriages

Sacramental Coordinator

stpaulssacraments@shaw.ca

Receptionist

stpaulsreceptionist@shaw.ca

Secretary/Accounting e-mail

stpaulsairdrie@shaw.ca

Parish Office Hours

Monday to Friday
9:00 am – 12:00 pm

Mass Times at St. Paul’s

Saturday 5:00 pm

Sunday 9:00am and 11:00 am

Monday No mass

Tuesday 12:00 pm (noon)(Nave)

Wednesday 9:00 am

Thursday 9:00 am

Friday 9:00 am (Nave)

Friday Bethany Care Centre
and Airdrie Care Community
alternate Friday’s
10:30 am

Website

www.stpaulsaridrie.ca

Reconciliation

Saturday at 3:45 – 4:45pm
or by appointment.

**Adoration of the Blessed
Sacrament**

First Friday of the Month

Please fill out the following:

Single Name: _____

Family Name: _____

Husband’s name: _____

Catholic? Yes__ No__

Wife’s name: _____

Catholic? Yes__ No__

Wife’s Maiden Name: _____

Children’s names (if same address)

(Male/Female) and birthdates please:

m/f _____

m/f _____

m/f _____

m/f _____

Address: _____

Postal Code: _____

Phone Number: _____

Email: _____