

### Confidential Parish Registration Form

Envelope # \_\_\_\_\_

Non-envelope # \_\_\_\_\_

Please return the completed form to the Parish Office, in the collection basket or by e-mail.  
In order to receive a tax receipt for donations you must use your assigned number.

**PRIMARY CONTACT:**

**SECONDARY CONTACT:**

Family Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Maiden Name (If applicable): \_\_\_\_\_

Maiden Name (If applicable): \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: (mm-dd-yyyy) \_\_\_\_\_

Date of Birth: (mm-dd-yyyy) \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Baptized: Yes  No  Confirmed: Yes  No

Baptized: Yes  No  Confirmed: Yes  No

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Marital Status: Married in Catholic Church  Married Civilly  Single  Separated  Divorced  Widowed

Children living at home:

First Name	Last Name	Gender M/F	Date of Birth mm-dd-yyyy	Baptized Yes/No	Communion Yes/No	Confirmed Yes/No

Do you belong to any parish group or ministry? Yes  No  (Please specify) \_\_\_\_\_

Are you interested to help in any area? Yes  No  (Talents or skills) \_\_\_\_\_

**Parish Privacy Statement:**

Access to this information is provided only to those employees and volunteers with valid reasons for access, and to the Archdiocese of Vancouver, to provide statistical information and spiritual reports required by them.  
All records are kept on a limited access, password protected program, or in paper form with limited access.

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

Date: \_\_\_\_\_