

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: _____