

# PRECIOUS BLOOD PARISH



## CONFIDENTIAL PARISH REGISTRATION FORM

**PLEASE PRINT**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ Work Tel: \_\_\_\_\_  
 Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Work Tel: \_\_\_\_\_  
 Marital Status: Single  Church Married  Civil Married  Common-law  Separated  Divorced  Widowed   
 Marriage Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ unlisted: Y / N Postal Code: \_\_\_\_\_

**Information on other Adults or Children under age 19**

Please mark with an **X** if received

Name (include last name when different from above)	Date of Birth	Gender	School	Baptism	Communion	Confirmation

I/We would like to participate in the following: (Please check as appropriate)

- |                            |                          |                          |                                      |                          |                          |
|----------------------------|--------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|
| Lector                     | <input type="checkbox"/> | <input type="checkbox"/> | Parish Council                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Usher                      | <input type="checkbox"/> | <input type="checkbox"/> | R.C.I.A.                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Choir/Music                | <input type="checkbox"/> | <input type="checkbox"/> | Parish Finance                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Altar Server               | <input type="checkbox"/> | <input type="checkbox"/> | Altar Society (St. Theresa's Circle) | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth Group                | <input type="checkbox"/> | <input type="checkbox"/> | Collection Counters                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Visit Sick/Elderly         | <input type="checkbox"/> | <input type="checkbox"/> | C.W.L.                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Drive Seniors to/from Mass | <input type="checkbox"/> | <input type="checkbox"/> | K of C                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital Visits            | <input type="checkbox"/> | <input type="checkbox"/> | P.R.E.P. Teacher                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 55+ Group                  | <input type="checkbox"/> | <input type="checkbox"/> | Extraordinary Minister               | <input type="checkbox"/> | <input type="checkbox"/> |
| Welcoming Committee        | <input type="checkbox"/> | <input type="checkbox"/> | Others (please specify)              | <input type="checkbox"/> | <input type="checkbox"/> |

We usually attend Sunday Mass: 4.30 p.m.  9.00 a.m.  11.00 a.m.

Have you ever been confirmed: Yes  No  Spouse? Yes  No

- I would like to receive the BC Catholic newspaper
- I would like a set of Sunday offering envelopes

*I understand that the Parish of Precious Blood collects and protects the personal information on this form pursuant to Canon Law and the Personal Information Protection Act. Further I understand that the information will only be used for the following reasons (Sacramental Investigation and leaders of organizations you may be involved with). The information on this form will be retained for the period you are members of parish and two consecutive years and then will be confidentially destroyed. By signing this document I understand and consent to having the information used for the purposes outlined above.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*date*