



Precious Blood Parish

17475 - 59th Avenue, Surrey, B. C., Canada V3S 1P3 E: parish.pb@rcav.org

CONFIDENTIAL PARISH REGISTRATION FORM

PLEASE PRINT

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

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 |
|--|---------------|--------|--------|---------|-----------|--------------|
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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: Male Yes No Female 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