



# Precious Blood Parish

PLEASE PRINT

17475 - 59th Avenue, Surrey, B. C., Canada V3S 1P3 Email: [office@pbparish.ca](mailto:office@pbparish.ca)

## CONFIDENTIAL PARISH REGISTRATION FORM

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

### Personal Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Tel: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ unlisted: Y / N Postal Code: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been confirmed: Yes  No

Marital Status: (Pls. mark your selection with a √)

Single  Church Married  Civil Married  Common-law   
 Separated  Divorced  Widowed

Note: If applicable, please fill out the form below.

### Marital Information

Marriage Date: \_\_\_\_\_ Place Married: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Tel: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been confirmed: Yes  No

### Family Information

#### Information on Other Adults or Children Under Age 19

Please mark with a √ if received

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

### Parish Participation

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

	Husband	Wife		Husband	Wife
Altar Server	<input type="checkbox"/>	<input type="checkbox"/>	Youth Group	<input type="checkbox"/>	<input type="checkbox"/>
Children's Liturgy of the Word	<input type="checkbox"/>	<input type="checkbox"/>	Couples for Christ	<input type="checkbox"/>	<input type="checkbox"/>
Choir/Music	<input type="checkbox"/>	<input type="checkbox"/>	C.W.L.	<input type="checkbox"/>	<input type="checkbox"/>
Collection Counters	<input type="checkbox"/>	<input type="checkbox"/>	Hispanic Community	<input type="checkbox"/>	<input type="checkbox"/>
Extraordinary Minister of Holy Communion	<input type="checkbox"/>	<input type="checkbox"/>	K of C	<input type="checkbox"/>	<input type="checkbox"/>
Lector	<input type="checkbox"/>	<input type="checkbox"/>	Legion of Mary	<input type="checkbox"/>	<input type="checkbox"/>
P.R.E.P. Teacher	<input type="checkbox"/>	<input type="checkbox"/>	Pro-Life Ministry	<input type="checkbox"/>	<input type="checkbox"/>
R.C.I.A.	<input type="checkbox"/>	<input type="checkbox"/>	Society of Saint Vincent de Paul	<input type="checkbox"/>	<input type="checkbox"/>
Usher	<input type="checkbox"/>	<input type="checkbox"/>	St. Theresa's Circle	<input type="checkbox"/>	<input type="checkbox"/>
Welcoming Committee	<input type="checkbox"/>	<input type="checkbox"/>	Others (please specify) _____		

OVER

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

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

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*I understand that the Parish of Precious Blood collects and protects 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.*

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*Signature*

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*Date*