

ST. HELEN'S PARISH REGISTRATION FORM

For Office Use Only:

Date Entered _____

Envelope # _____

PRIMARY CONTACT:

Family Name: _____

First Name: _____

Date of Birth : (mm-dd-yyyy) _____

Religion: _____

Baptized: Yes/No Confirmed: Yes/No

Occupation: _____

Language(s) Spoken: _____

Email: _____

Cell Phone: _____

Address: _____ Postal Code _____

Home Phone: _____ Marital Status: Married (in Catholic Church Civilly Other)

Listed: Yes-No

Single

Other (please specify).....

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 _____
(Parish Group or/and Ministry)

Are you interested in any area to help? Yes-No _____
(Area to help or/and Skills)

Thank you for taking time to fill out our Registration Form. Please return it to the parish office or in the collection basket.

Parish Privacy Statement

1. Access to this information is provided only to those employees and volunteers with valid reasons for access, the Archdiocese of Vancouver to provide statistical information and spiritual reports required by them.
2. All records are kept on a limited access, password protected program, or in paper form with limited access.
3. Parishioners agree to inclusion in a parish directory unless they have indicated otherwise on this form. No unlisted phone number will be published.



Signature: _____ Date: _____

Printed Name: _____