

# Traditional Latin Mass Parish of the Archdiocese of Vancouver

4851 Beatrice Street, Vancouver BC V5N 4J5 (604) 875-8414 parishoffice@holyfamilyvancouver.ca

# PARISH REGISTRATION FORM CONFIDENTIAL

Your personal information will not be disclosed without your prior consent and will only be used for maintaining parish registration information and to provide parishioners who donate to Holy Family Parish with tax receipts.

#### PLEASE PRINT LEGIBLY

	Date				
Family Name					
Home Address					
City	Postal Code				
Contact Number:					
Home					
Cell					
Work					
Email Address					
_					
☐ I would like a set of Sunday Offering envelopes					

# **HOUSEHOLD INFORMATION**

# MAN

# **WOMAN**

First Name		_ First Nar	First Name			
Date of Birth (M/D/Y)		Date of E	Date of Birth (M/D/Y)			
Occupation		Occupat	Occupation			
Religion		Religion_	Religion			
Please mark with a check if received:		Please m	Please mark with a check if received:			
☐ Baptism		☐ Bapti	☐ Baptism			
☐ First Communion		☐ First (	☐ First Communion			
☐ Confirmation		☐ Confi	☐ Confirmation			
Marital Status:		Marital S	Marital Status:			
☐ Single ☐ Married ☐ Widowed		Single	☐ Single ☐ Married ☐ Widowed			
☐ Separated ☐ Divorced		☐ Separ	☐ Separated ☐ Divorced			
Date of Marriage (M/D/Y):		_ Date of N	Date of Marriage (M/D/Y)			
☐ Catholic Church ☐ Civil Union		☐ Catho	☐ Catholic Church ☐ Civil Union			
CHILDREN IN THE FAMILY						
First Name	Date of Birth (M/D/Y)	Education (Grade)		Communion? (Yes/No)	Confirmed? (Yes/No)	