

ALL SAINTS PARISH



Please see reverse for All Saints Parish privacy clause.

In order to complete registration the privacy clause must be signed.

All Saints Parish collects and protect the personal information on this form pursuant to the Personal Information Protection Act and Canon Law. The information will only be used to establish a parishioner's status in the Roman Catholic Church, managing the parishioner-parish relationship, identifying resources parishioners would like to access and/or ways parishioners can assist the parish. This information will not be disclosed without your prior consent.

CONFIDENTIAL PARISH REGISTRATION FORM

PLEASE PRINT CLEARLY

Date: _____

Family Name: _____ Given Names: _____

Date of Birth: Month ___ Year ___

Religion: Roman Catholic If not, please indicate: _____

Occupation: _____

Have you ever been confirmed: Yes No

Address: _____

City: _____

Home Tel: _____

Postal Code: _____

Marital Status: Single Married Separated Divorced Widowed

If married: Name of Spouse: _____ Date of Birth: Month ___ Year ___

Religion: _____ Occupation: _____

Were you married in a Catholic church? Yes No

I/We would like a set of Sunday offering envelopes (*will be assigned & left in the vestibule the following Sunday*)

				Please print date sacrament was received	
Given Name	Date of Birth Month/Year	School	Baptism	Communion	Confirmation

Please use the back of this form if you need more space

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

- | | | | |
|----------------------|--------------------------|-------------------------------|--------------------------|
| Altar Society | <input type="checkbox"/> | C.C.O. | <input type="checkbox"/> |
| Children's Liturgy | <input type="checkbox"/> | Choir/Music | <input type="checkbox"/> |
| Collection Counters | <input type="checkbox"/> | C.W.L. | <input type="checkbox"/> |
| Eucharistic Minister | <input type="checkbox"/> | K of C | <input type="checkbox"/> |
| Lector | <input type="checkbox"/> | Legion of Mary | <input type="checkbox"/> |
| Parish Outreach | <input type="checkbox"/> | Prayer Group | <input type="checkbox"/> |
| P.R.E.P. Teacher | <input type="checkbox"/> | Usher | <input type="checkbox"/> |
| 55+ Group | <input type="checkbox"/> | Others (please specify) _____ | |

For my child/ren: Youth Group
Others (please specify) _____

Altar Server

I hereby understand that the information on this form as per the clause included above will be kept confidential and not disclosed to others without my prior consent.

Signature

Spouse's Signature

Date

