



CONFIDENTIAL PARISH REGISTRATION FORM

Office Use only:
 Envelope #: _____
 Date: _____

PLEASE PRINT CLEARLY

Legal Last Name		Legal First Name		Date of Birth: (MMM-DD-YYYY)	
Address				Postal Code	
Home Phone	Cell	Email			
Religion	Have you received the Sacrament of Confirmation? Yes <input type="checkbox"/> No <input type="checkbox"/>		Occupation		

Marital Status: Single Married Common-law Separated Divorced Widowed

If married:

Spouse Legal Last Name		Legal First Name		DOB	
Cell			Email		
Religion	Have they received the Sacrament of Confirmation? Yes <input type="checkbox"/> No <input type="checkbox"/>		Occupation		
Were you married in a Catholic Church? Yes <input type="checkbox"/> No <input type="checkbox"/>			Date of Marriage: (MMM-DD-YYYY)		
Place of Marriage (if you were married in Church, please provide the name and address of the Church:					

- I / We would like a set of Sunday offering envelopes (*will be assigned & left in the vestibule the following Sunday*)
- I / We would like to receive the BC Catholic newspaper (\$30 donation suggested)
- I / We would like to receive the Parish Bulletin via email

Information on Children Under Age 19			Please mark with an X if already received.		
Given Name	DOB (MMM-DD-YYYY)	School	Baptism	Communion	Confirmation

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

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

Adoration Chapel	Counters	PREP Catechists
Choir-Saturday 5pm	Greeters	Seniors Ministry
Choir-Sunday 9am	Readers	After Mass Social
Choir-Sunday 11am	Ushers	Young Adults Ministry
Church Care-Cleaning	Catholic Women's League	First Aid Attendants
Church Care-Flowers	Chinese Community	For Children:
Church Care-Gardens	Knights of Columbus	Altar Servers (Boys)
Church Care – Altar Linens	Legion of Mary	Youth Ministry Girls/Boys
Church Care – Altar Servers Cassocks/Surplices	Marriage Mentorship	
Couples for Christ	Men's Group	

Please Turn Over

CORPUS CHRISTI PARISH PRIVACY STATEMENT

Corpus Christi Parish collects and protects the personal information on this form pursuant to the Personal Information Protection Act and Canon Law. The information will only be used for the following purposes:

1. Maintaining parish registration information and statistics
2. Providing parishioners who donate to the parish either via the use of donation envelopes or other methods, such as online, with tax receipts.
3. Ascertaining status of parishioner or their children for reception of sacraments in the Roman Catholic Church and/or enrolling their children in Catholic schools.

This information will not be disclosed to any other organization without your prior consent.

If you no longer wish to be members of the parish, a written or verbal notice is required.

May the parish use information provided under the 'Occupation' item line to contact you for advice on your area of expertise should the need arise?

Yes No

If you have indicated that you like to join in one of our parish groups/ministries, what contact information may we make available to the Group/Ministry Coordinators?

Phone Email Both

What is your preferred method of contact from the parish?

Phone Email Both

I/we agree to have my/our information shared with 3rd parties (i.e., those contracted by Corpus Christi Parish to do specialized works like surveys, fundraising, etc.)

Yes No

Having read the above I/we understand and agree to the usages of my/our personal information, which will be kept confidential and not disclosed to others without my/our prior consent. **I/we also understand that at anytime I/we may withdraw consent but must give the parish written notice.**

Signature

Date

Spouse's Signature

Date