

| Office Use only: |
|------------------|
| Envelope #: |
| |

Date:

CONFIDENTIAL PARISH REGISTRATION FORM

| Family Name: Given | | | Given N | lame: | | | | Date of Birth: MD | Yr |
|--|----------------|-----------------|--------------|-----------|----------|----------|----------|--------------------------------|----|
| Religion: Occupation | | | tion: | | | | | | |
| Have you receiv | ved the Sacrar | ment of Confirm | nation: | Yes | | No | | | |
| Home Address: | | | | | City: | | | Postal Code: | |
| Home Tel: | | Cel | : | | | Email | : | | |
| Marital Status: | Single 🗆 | Married | Commor | n-law □ | Sepa | irated [| | Divorced \Box Widowed \Box | |
| If married: | Name of Spo | use: | | | | Date | of Birtl | h: MDYr | |
| | Religion: | | | | Occup | ation: | | | |
| Were you married in a Catholic Church? Yes 🗌 No 🗌 Date of Marriage: MDYr | | | | | | | | | |
| Place of Marria | ge (if you wer | e married in Ch | nurch, pls v | vrite nam | e of chu | urch) | | | |
| Address: | | | | | | | | | |

□ 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 (no charge)

□ 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 | Date of Birth (Month/Day/Year) | 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 | Seniors Ministry |
|--|-------------------------|------------------------------|
| Eucharistic Ministry (Holy Communion) | Greeters | Welcoming Ministry |
| Catering Ministry | Readers | Women's Group |
| Choir-Saturday 5pm | Ushers | Young Adults Ministry |
| Choir-Sunday 9am | Catholic Women's League | |
| Choir-Sunday 11am | Chinese Community | For Children: |
| Church Care-Cleaning | Knights of Columbus | Altar Servers (Boys) |
| Church Care-Flowers | Legion of Mary | Queen of Angels (Girls/Boys) |
| Church Care-Gardens | Marriage Mentorship | Youth Ministry (Girls/Boys) |
| Church Care – Altar Linens | Men's Group | |
| Church Care – Altar Servers Cassocks/Surplices | PREP Catechists | |

Please turn over for Privacy Statement

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:

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

These 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 info your area of expertise s | · | | item li | ne to contact you for advice on | | |
|---|-------|-------|---------|---------------------------------|--|--|
| 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 3 rd parties (i.e., those contracted by Corpus Christi Parish to do specialized works like surveys, fundraising, etc.) | | | | | | |

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
 Email Address

 Spouse's Signature
 Date
 Spouse's Email Address

FrBJH/hme/August 2021