

SAINT PATRICK PARISH



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

Saint Patrick Parish collects and protects the personal information on this form pursuant to the Personal Information Protection Act and Canon Law. This information will not be disclosed without your prior consent.

CONFIDENTIAL PARISH REGISTRATION FORM

PLEASE PRINT LEGIBLY

Family Name: _____ Given Name: _____

Date of Birth: _____ Religion: _____ Occupation: _____

Spouse: _____

Date of Birth: _____ Religion: _____ Occupation: _____

Home Address: _____ City: _____ Postal Code _____

Contact # home _____ / mobile _____ /work: _____

Marital Status: Single Separated Divorced Widowed Married

Date of Marriage _____ Name of Church: _____ Not in Church: _____

Information on Children under age 19			Please mark with an X if received		
Given Name	Date of Birth	School	Baptism	Communion	Confirmation

We usually attend Sunday Mass: (Sat.) 4.30 p.m. (Sun.) 9.00 a.m. 11.00 a.m. 5.00 p.m.

I would like to have B.C.Catholic Newspaper I would like a set of Sunday Offering Envelope

SAINT PATRICK PARISH PRIVACY CLAUSE

The information collected in this form will only be used for the following purposes:

1. Maintaining parish registration information
2. Providing parishioners who donate to the parish either via envelope or other methods with tax receipts.
3. Ascertaining status of parishioner or their children for reception of sacraments in the Roman Catholic Church.

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

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

Having read the above I understand and agree to the usages of my personal information. I also understand that at any time I may withdraw consent but must give the parish written or verbal notice.

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 Date

Spouse's Signature Date

Email: _____

Email: _____