



Holy Rosary Cathedral

646 Richards Street, Vancouver, BC V6B 3A3

Phone 604 682 6774 Fax 604 331 8406 E-mail hrc@shaw.ca

Parish Registration Form

GENERAL INFORMATION

				DATE	
SURNAME					
FIRST & MIDDLE NAME				DATE OF BIRTH	
SPOUSE: FIRST & MIDDLE NAME				DATE OF BIRTH	
ADDRESS			CITY	POSTAL CODE	
HOME PHONE			CELL PHONE (HIS)	CELL PHONE (HERS)	
E-MAIL ADDRESS			WORK PHONE(S)		
OCCUPATION HIS			OCCUPATION HERS		
HIS RELIGION			BAPTISM	YES () NO ()	CONFIRMATION YES () NO ()
HERS RELIGION			BAPTISM	YES () NO ()	CONFIRMATION YES () NO ()
STATUS	() SINGLE () MARRIED () WIDOWED () SEPARATED () DIVORCED () COMMON LAW				
DATE OF MARRIAGE			CATHOLIC CHURCH WHERE MARRIED		
			PLACE WHERE MARRIED		
IF NOT MARRIED IN CATHOLIC CHURCH: PLACE / REASON					
OFFERING ENVELOPES	() YES, I WOULD LIKE A SET OF ENVELOPES		() I HAVE ENVELOPES - MY NUMBER IS:		
B. C. CATHOLIC NEWSPAPER	() YES, PLEASE SEND BY REGULAR MAIL		() PLEASE SEND BY EMAIL		

CHILDREN

1) NAME			SEX	M () F ()	DATE OF BIRTH	
BAPTISM	YES () NO ()	EUCCHARIST	YES () NO ()	CONFIRMATION	YES () NO ()	NAME OF SCHOOL ATTENDING NOW
2) NAME			SEX	M () F ()	DATE OF BIRTH	
BAPTISM	YES () NO ()	EUCCHARIST	YES () NO ()	CONFIRMATION	YES () NO ()	NAME OF SCHOOL ATTENDING NOW
3) NAME			SEX	M () F ()	DATE OF BIRTH	
BAPTISM	YES () NO ()	EUCCHARIST	YES () NO ()	CONFIRMATION	YES () NO ()	NAME OF SCHOOL ATTENDING NOW

PLEASE INDICATE WHERE YOU COULD OFFER YOUR SERVICE TO THE CATHEDRAL PARISH

LITURGY		SERVICE and PARISH GROUPS	
ALTAR SERVERS	()	CATHOLIC WOMEN'S LEAGUE	()
LECTORS	()	FAITH FORMATION FOR ADULTS	()
USHERS	()	SACRISTY CARE / CHURCH CLEANING	()
CHOIR	()	OTHER	()
		NIGHTS OF COLUMBUS	()
		LEGION OF MARY	()
		OFFICE/RECTORY VOLUNTEER	

PLEASE BE GENEROUS AND FAITHFUL TO YOUR COMMITMENT