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:				

CHILDREN						
1) NAME		SEX	M ☐ F ☐	DATE OF BIRTH		
BAPTISM	YES ☐ NO ☐	EUCHARIST	YES ☐ NO ☐	CONFIRMATION	YES ☐ NO ☐	NAME OF SCHOOL ATTENDING NOW
2) NAME		SEX	M ☐ F ☐	DATE OF BIRTH		
BAPTISM	YES ☐ NO ☐	EUCHARIST	YES ☐ NO ☐	CONFIRMATION	YES ☐ NO ☐	NAME OF SCHOOL ATTENDING NOW
3) NAME		SEX	M ☐ F ☐	DATE OF BIRTH		
BAPTISM	YES ☐ NO ☐	EUCHARIST	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	☐	KNIGHTS OF COLUMBUS	☐
LECTORS	☐	FAITH FORMATION FOR ADULTS	☐	LEGION OF MARY	☐
USHERS	☐	SACRISTY CARE / CHURCH CLEANING	☐	OFFICE/RECTORY VOLUNTEER	☐
CHOIR	☐	OTHER	☐		

PLEASE BE GENEROUS AND FAITHFUL TO YOUR COMMITTMENT