



Saint Francis de Sales Parish
 6610 Balmoral Street, Burnaby, BC V5E 1J1
 Telephone No. 604-434-1328 Fax No. 604-434-3038
 Email: parish.sfds@rcav.org Website: www.sfds.ca



REGISTRATION FORM

Date: _____, 20_____

Last Name: _____

(Please Print)

Would you like Sunday Envelopes?

- Yes Envelope # _____
 (Please pick up at the church entrance)
 No

First Name	Birth Date (m/d/y)	Religion	Baptized?	Confirmed?	Occupation
A.					
B.					

Address: _____ _____ _____ Home Phone No: _____ Cell Phone No.: _____ Email Address: _____	Language/s Spoken: _____	
	Marital Status: ___ Single ___ Married ___ Common Law ___ Widow ___ Divorced ___ Separated	Marriage Date: _____ Place of Marriage (Name of Church or City Hall): _____ City/Country of Marriage: _____

(Please list only those children still living at home)

Child's Name	M / F	Birth Date (m/d/y)	Baptism (Yes/No)	Communion (Yes/No)	Confirmation (Yes/No)	School Attending	Grade
1.							
2.							
3.							
4.							

(Other Members in the Household)

Name	Birth Date (m/d/y)	Religion	Baptized?	Confirmed?	Occupation

Saint Francis de Sales Parish Privacy Statement

The information collected on this form will be used to maintain parish registration information to ascertain the status of parishioners and/or their children for the reception of sacraments in the Roman Catholic Church, to provide tax receipts for parishioners who donate to the parish, to identify resources parishioners would like to access and/or ways parishioners can assist the parish and to assist as required in managing the parishioner-parish relationship. The information will not be disclosed to any other organization without your prior consent.

I understand that St. Francis de Sales Parish collects and protects the personal information on this form pursuant to the *Personal Information Protection Act* and *Canon Law*. Further, I understand that the information will be used only for the purpose or purposes identified by the Church and will be confidentially destroyed in a timely manner when no longer required. By signing this document, I understand and consent to having the information used for the purposes outlined above.

(Signature)

(Date)

(Spouse's Signature)

(Date)

Please indicate if you are interested in participating in any of the following Ministries:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Liturgy | <input type="checkbox"/> Children's Liturgy | <input type="checkbox"/> CWL | <input type="checkbox"/> De Sales Ministry for
The Deaf |
| <input type="checkbox"/> Lector | <input type="checkbox"/> PREP Teacher/Asst. | <input type="checkbox"/> Knights of Columbus | <input type="checkbox"/> Charismatic Prayer Group |
| <input type="checkbox"/> Usher | <input type="checkbox"/> Altar Server | <input type="checkbox"/> Bible Study | <input type="checkbox"/> Legion of Mary |
| <input type="checkbox"/> Youth Ministry | <input type="checkbox"/> Choir | <input type="checkbox"/> St. Vincent de Paul | |

Occasionally, we need to hire/consult professionals in the categories listed below. Please indicate if you would like to be considered to provide such services:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Accountant | <input type="checkbox"/> Engineer |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Architect | <input type="checkbox"/> Lawyer |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> City Hall Liaison | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Painter | <input type="checkbox"/> Computer Technician | <input type="checkbox"/> Office Administrator |
| <input type="checkbox"/> Plumber | <input type="checkbox"/> Doctor | <input type="checkbox"/> Social Worker |

Please list any other professions, services, talents or suggestions you wish to offer: _____

- St. Francis de Sales Parish has a Pre-Authorized Payment Program for Sunday collections. An application form is available online and in the rack at the church entrance.