



**Saint Francis de Sales Parish**  
 6610 Balmoral Street, Burnaby, BC V5E 1J1  
 Telephone No. 604-434-1328  
 Email: [parish.sfds@rcav.org](mailto:parish.sfds@rcav.org) Website: [www.sfds.ca](http://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.					

<b>Address:</b> _____ _____ _____ <b>Home Phone No:</b> _____ <b>Cell Phone No.:</b> _____ <b>Email Address:</b> _____	<b>Language/s Spoken:</b> _____	
	<b>Marital Status:</b> ___ Single ___ Married ___ Common Law ___ Widow ___ Divorced ___ Separated	<b>Marriage Date:</b> _____ 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:

- Liturgy                       Children's Liturgy                       CWL                       Charismatic Prayer Group
- Lector                       PREP Teacher/Asst.                       Knights of Columbus                       Legion of Mary
- Usher                       Altar Server                       Bible Study
- Youth Ministry                       Choir                       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:

- Carpenter                       Accountant                       Engineer
- Contractor                       Architect                       Lawyer
- Electrician                       City Hall Liaison                       Nurse
- Painter                       Computer Technician                       Office Administrator
- Plumber                       Doctor                       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.