



**ST. CLARE OF ASSISI PARISH**  
1320 JOHNSON STREET COQUITLAM, BC V3B 4T5  
☎ 604-941-4800 ✉ stclareofassisi@shaw.ca

ENV. # \_\_\_\_\_

## REGISTRATION FORM

**Please see reverse for St. Clare of Assisi Parish privacy clause which MUST BE signed in order to complete this registration.**  
*St. Clare of Assisi 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.*

**LAST NAME** \_\_\_\_\_

**Date** \_\_\_\_\_

*(Please Print)*

	First Name	Date of Birth (y/m/d)	Please list your Religion	Are you Baptized?	Have you Been Confirmed?	Please list your Occupation
First Name:						
Spouse :						

<b>Address:</b> _____ _____	<b>Language Spoken</b> _____
<b>Phone:</b> _____ <b>Cell:</b> _____	<b>Marital Status:</b> (Check one)
<b>Email:</b> _____	<b>Married</b> <input type="checkbox"/> Date of Marriage: _____
<b>WOULD YOU LIKE TO RECEIVE THE PARISH E-BULLETIN?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Church/Place of Marriage: _____
	<b>Single</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Separated</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>

*(Please list only those children still living at home)*

Child's Name	Date of Birth (y/m/d)	Baptism (yes/no)	Communion (yes/no)	Confirmation (yes/no)	School Attending	Grade

**WOULD YOU LIKE A BOX OF SUNDAY OFFERING ENVELOPES?** Yes ☐ No ☐

(If you would like to join our **Pre Authorized Payment (PAP) program**, please fill out and submit the PAP form available in the church or in the parish office.)

Feb2023

### **ST. CLARE OF ASSISI 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.

**Having read the above I understand and agree to the usages of my personal information. I also understand that at anytime I may withdraw consent but must give the parish written or verbal notice and 30 business days to remove my name from their lists.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Date)

As a new member of our Parish community, would you like to be contacted by our welcoming committee? \_\_\_\_\_

Do you have any specific questions or concerns? \_\_\_\_\_

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

Liturgy	<input type="checkbox"/>	Children's Liturgy	<input type="checkbox"/>	Finance	<input type="checkbox"/>	Stewardship	<input type="checkbox"/>
Lector	<input type="checkbox"/>	P.R.E.P. Teacher	<input type="checkbox"/>	Collection Counter	<input type="checkbox"/>	CWL	<input type="checkbox"/>
Sacristan	<input type="checkbox"/>	Music	<input type="checkbox"/>	Fundraising/Social	<input type="checkbox"/>	Knights of Columbus	<input type="checkbox"/>
Youth Ministry	<input type="checkbox"/>	Greeter	<input type="checkbox"/>				

If you have indicated above that you would like to assist in one of our parish ministries, how would you prefer to be contacted by the Ministry Coordinators?

Phone ☐      Email ☐      Both ☐      None ☐

Please list any other professions, talents or suggestions you wish to offer: \_\_\_\_\_