

**ST. CLARE OF ASSISI PARISH**

**REGISTRATION FORM**

Env. # \_\_\_\_\_

1320 JOHNSON ST., COQUITLAM, B.C. V3B 4T5  
 Telephone: 604-941-4800 Fax: 604-941-8911

**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:	A					
Spouse :	B					

<p>Address: _____                  _____                  _____                  (postal code)</p> <p>Phone # _____ Cell Phone _____</p> <p>Email address _____</p>	<p>Language Spoken _____</p> <p>Married _____ Date of Marriage: _____</p> <p>Parish/Place of Marriage _____</p> <p>Single _____ Widowed _____</p> <p>Separated _____ Divorced _____</p>
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*(Please list only those children still living at home)*

Child's Name	Date of Birth	Baptism (yes/no)	Communion (yes/no)	Confirmation (yes/no)	School Attending	Grade
C						
D						
E						
F						

**\*\*A box of envelopes with your name and current year envelope number will be left in the white brochure rack in the lobby next week.**

**\*\*St. Clare of Assisi has a Pre-Authorized Payment Program for Sunday Collections. An application form is also available in the brochure rack, if you are interested or you can contact the office at 604-941-4800.**

**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"/> |

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 indicate below any SPECIAL QUALIFICATIONS which would aid us in the building of our new parish.

- |                   |                          |                          |                          |                   |                          |
|-------------------|--------------------------|--------------------------|--------------------------|-------------------|--------------------------|
| Back Hoe Operator | <input type="checkbox"/> | Land Surveyor            | <input type="checkbox"/> | Accountant        | <input type="checkbox"/> |
| Brick Layer       | <input type="checkbox"/> | Landscaper               | <input type="checkbox"/> | Architect         | <input type="checkbox"/> |
| Carpenter         | <input type="checkbox"/> | Painter                  | <input type="checkbox"/> | Archivist         | <input type="checkbox"/> |
| Contractor        | <input type="checkbox"/> | Plumber                  | <input type="checkbox"/> | City Hall Liaison | <input type="checkbox"/> |
| Drywall           | <input type="checkbox"/> | Stonemason               | <input type="checkbox"/> | Computer Expert   | <input type="checkbox"/> |
| Electrician       | <input type="checkbox"/> | Wood Finisher            | <input type="checkbox"/> | Lawyer            | <input type="checkbox"/> |
| Gardener          | <input type="checkbox"/> | Heavy Equipment Operator | <input type="checkbox"/> | Printer           | <input type="checkbox"/> |

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