



Parish Registration Form
Holy Family
Parish Sechelt
And Madeira Park Mission

Last Name: _____ **First Name:** _____ **M/F**

Mailing Address: _____

Street Address: _____

Town: _____ **Postal Code:** ____ **Summer**

Resident: Yes/No

Home Phone: __ **Unlisted: Yes/No**

Work Phone: _____ **Occupation:** _____

Birth Date: ____ **Birth Place:** _____

Your Religion: _____

Baptized: __ **When:** ____ **Where:** _____

Marital Status: Single: Married: ____ **Separated:** _

_____ **Divorced:** _____ **Widowed** _

Where you married in the Catholic Church: ____

_____ **Marriage Date:** _____

Place of Marriage: _____

Name of Spouse: _____ **(Maiden Name):** _

Birth Date: ____ **Birth Place:** _____

Religion:_____Does He/She Practice: _____

Baptized:___When:_____Where:_____

Children

Name	M / F	Birth date and place	Baptism Date and place	1st Comm union Date and place	Confirm ation Date and place

What Ministries did you assist with in your previous parish? _____

Do you want envelopes? _____

Do you want to receive the BC Catholic? _____

Do you have any particular talents or skills to share with the parish? Please specify:-

Welcome to Holy Family parish