



Parish Registration Form
St. Mary's Parish
Gibsons



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 St. Mary's parish

