

Welcome to Holy Trinity Parish

2725 Lonsdale Avenue, North Vancouver, BC V7N 3J2
 Tel. 604-988-6304 email: htchurch@shaw.ca

Office use only
 ENV. # _____

PARISH REGISTRATION FORM

(the information on this sheet is confidential and will be used only by the Parish Office)

(Please print)

FAMILY NAME _____

Date: _____

Tel - Home: _____

ADDRESS: _____

Street

City

Postal Code

NAME	Family / First	M <input type="checkbox"/> F <input type="checkbox"/>	Family / First	M <input type="checkbox"/> F <input type="checkbox"/>
EMAIL				
CELL #				
DATE OF BIRTH	Month / Day / Year		Month / Day / Year	
RELIGION				
OCCUPATION				
MARITAL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married-Civil <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed Date of Marriage: _____	Married-Catholic Church: <input type="checkbox"/> Married-Minister: <input type="checkbox"/> Divorced-Single: <input type="checkbox"/> Divorced-Remarried: <input type="checkbox"/>	<input type="checkbox"/> Single <input type="checkbox"/> Married-Civil <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed Date of Marriage: _____	Married-Catholic Church: <input type="checkbox"/> Married-Minister: <input type="checkbox"/> Divorced-Single: <input type="checkbox"/> Divorced-Remarried: <input type="checkbox"/>

Children and other members of your family living in your home:

Name	Gender M/F	Date of Birth mm-dd-yyyy	Baptized <i>Catholic</i> Yes/No	Communion Yes/No	Confirmed Yes/No	School/College	Grade

CONTRIBUTION ENVELOPES for your weekly Offerings will be assigned to you.

Please pick up at the Front entrance of the church on the following Sunday.

Monthly contributions can also be made by Credit Card or Automatic Debit. (EFT)

Please attach a copy of Baptism Certificates for all members of your family.