

The Parish of Saint Mark

Please see reverse for The Parish of Saint Mark privacy clause.
 In order to complete registration the privacy clause must be signed.

CONFIDENTIAL PARISH REGISTRATION FORM

PLEASE PRINT CLEARLY

Date: _____

Family Name: _____ Given Names: _____ Date of Birth: Month ___ Year ___

Religion: Roman Catholic If not, please indicate: _____ Occupation: _____

Have you ever been confirmed: Yes No

Address: _____ City: _____

Tel: (Home) _____ (Cell) _____ Postal Code: _____

Marital Status: Single Married Separated Divorced Widowed

If married: Name of Spouse: _____ Date of Birth: Month ___ Year ___

Religion: _____ Occupation: _____

Were you married in a Catholic church? Yes No

Envelope # : _____

Information on Children under age 18

Given Name	Date of Birth Month/Year	School	Please print date sacrament was received		
			Baptism	Communion	Confirmation

Please use the back of this form if you need more space

I/We would like to participate in one or more of the following ministries: (Please check as appropriate)

- | | | |
|---|---|---|
| Altar Server <input type="checkbox"/> | C.C.O - Students <input type="checkbox"/> | Prison Minister <input type="checkbox"/> |
| Children's Liturgy <input type="checkbox"/> | Choir/Music <input type="checkbox"/> | Women's Group <input type="checkbox"/> |
| Collection Counters <input type="checkbox"/> | Spirituality <input type="checkbox"/> | Christian Life Community (CLC) <input type="checkbox"/> |
| Eucharistic Minister <input type="checkbox"/> | Social Justice <input type="checkbox"/> | |
| Lector <input type="checkbox"/> | RCIA <input type="checkbox"/> | |
| Parish Outreach <input type="checkbox"/> | Usher <input type="checkbox"/> | |
| P.R.E.P. Teacher <input type="checkbox"/> | Hospitality Activities <input type="checkbox"/> | |
| Bible Study <input type="checkbox"/> | Hospitality (Baking) <input type="checkbox"/> | |
| Others (please specify) _____ | | |

For my child/ren: Youth Group Altar Server
 Others (please specify) _____

I hereby understand that the information on this form as per the clause included above will be kept confidential and not disclosed to others without my prior consent.

 Signature

 Spouse's Signature

Date: _____
 Date

THE PARISH OF SAINT MARK PRIVACY STATEMENT

The Parish of Saint Mark collects and protects the personal information on this form pursuant to the Personal Information Protection Act and Canon Law. The information will only be used for the following purposes:

1. Maintaining parish registration information
2. Providing parishioners who donate to the parish either via envelope or other methods with tax receipts.
3. Helping in the design and development of parish programs

This information will not be disclosed to any other organization without your prior consent.

What is your preferred method of contact from the parish?

Phone Email Both

If you have indicated that you like to assist in one of our parish ministries what contact information may we make available to the Ministry Coordinators?

Phone Email Both

May the parish use information provided under the 'Occupation' item line to contact you for advice in your area of expertise should the need arise?

Yes No

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 by giving the parish written notice.

Signature

Date

Email address

Spouse's Signature

Date

Spouse's Email address

Comments or suggestions as to how we can improve our service to God and neighbours :
