

Our Lady of the Rosary Parish

NEW PARISHIONER REGISTRATION FORM AND UPDATED INFORMATION FORM

798 Goldstream Ave Victoria, BC V9B 2X6 Phone: 250-478-3482 Email: olor@shaw.ca www.olorchurch.ca



1. MAIN CONTACT PERSON:

Last Name: _____

First Name: _____

Sex: _____ F _____ M

Date of Birth: (year/month/day) _____

Marital Status: ___ Catholic Marriage Date: _____

Cellphone: _____

Email Address: _____

2. SPOUSE CONTACT PERSON:

Last Name: _____

First Name: _____

Sex: _____ F _____ M

Date of Birth: (year/month/day) _____

Marital Status: _____ Marriage Date: _____

Cellphone: _____

Email Address: _____

3. CHILDREN: (Children living at home)

(Those over 18 and not going to school should complete a separate form)

1. Name: _____

Sex: _____ F _____ M

Date of Birth: (year/month/day) _____

2. Name: _____

Gender: _____ F _____ M

Date of Birth: (year/month/day) _____

3. Name: _____

Sex: _____ F _____ M

Date of Birth: (year/month/day) _____

4. Name: _____

Sex: _____ F _____ M

Date of Birth: (year/month/day) _____

FAMILY ADDRESS:

Postal Code: _____ Home Phone #: _____

I would like to volunteer:

_____ Knights of Columbus

_____ Gardening

_____ Catholic Women's League

_____ Youth Group

_____ Reader/Lector

_____ Volunteer Driver

_____ Alter Server

_____ Pastoral Care Outreach

_____ Eucharistic Minister

_____ St. Vincent De Paul Society

_____ Choir/Music

_____ Baptism Preparation

_____ Usher/Greeter

_____ Funerals/Bereavement Committee

_____ RCIA

_____ Development and Peace

_____ Collection Counter

_____ Prayer Group

_____ Religious Education

_____ Office work

_____ Sunday Hospitality

_____ Others – Pls specify

Thank you for taking the time to complete the form. This information will be used for our Parish Database only.

Would you like a Sunday Offering Envelopes or Pre-Authorized Debit Form. Please encircle.

For Parish office only:

Date entered: _____

File number: _____

Envelope number: _____