

## 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](mailto: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

\_\_\_\_\_ Altar 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: \_\_\_\_\_