OUR LADY OF SORROWS PARISH

555 South Slocan Street Vancouver, BC V5K 3X5 ph: (604) 254-0691 Fax (604) 254-0228

REGISTRATION FORM

Envelope #_____

Please complete and return to the Rectory for our Parish Records. *THANK YOU.*

- Completed forms may be placed in the collection basket.
- In order to receive a TAX RECEIPT for donation, you must use donation envelopes.
- Your donation envelopes will be in the rectory the week following receipt of your registration form, please pick them up and meet us.

Family Name:_____**Married**_____**Single**_____**Widowed**_____
(Please print)

Address _____ **Phone #**_____(H)

City _____ **Phone #**_____(W)

Postal Code _____ **Date of Marriage:** _____

Date of Birth: _____/_____/_____/ (Husband) **Date of Birth:** _____/_____/_____/ (Wife)
day month year day month year

Given Name Husband: _____

Given Name & Maiden Name Wife: _____

Husband	YES	NO	Wife	YES	NO
Baptism:			Baptism:		
Communion			Communion		
Confirmation			Confirmation		

Occupation_____/_____
Husband Wife

Native Language: _____

Family *(List only children still living at home)*

(....mark sacrament received with a tick.....)

Child's Name:	Date of Birth	Baptism	1st Communion	Confirmation	School	Grade

Date: _____

Please see back for a list of the various parish committees ☞