

ST. ANTHONY'S PARISH

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PARISH REGISTRATION FORM

Date:				_		
Last Name:				_ First Name:		Middle Name:
Birth Date:				_ Occupation:		Religion:
Address: _				_ City/Prov.		Postal Code:
Phone:				_ Email:		
Baptized?	Yes	_No	Date: _		Where:	
Confirmed?	Yes	No	Date: _		Where:	
SPOUSE						
Last Name:				_ First Name:		Middle Name:
Birth Date:				_ Occupation:		Religion:
Phone:				_ Email:		
Baptized?	Yes	_ No	Date:		_ Where:	
Confirmed?	Yes	No	Date: _		Where:	
MARITAL ST	TATUS					
Single I	Married	Widow	/ed Sepa	rated Div	vorced	
Date of Marria	ge:		Name of Chur	ch:		
Address of Ch	urch:					
CHILDREN						
			Birthdate:		Place of Birth:	
					Date:	
						School:
Name:			Birthdate:		Place of Birth:	
					Date:	
Confirmed? Ye	es No _	Where:				School:
Do you wish to	have a se	t of Sunda	y offering envelo	ppes?	Yes No	
Do you wish to	receive th	e BC Cath	olic newspaper?	•	Yes No	
VOLUNTEE		ete				
VOLUNTEE			-Al- BAl-1 (0 1	5 1	Haban
				_	Flowers:	
			_			: Alpha:
Sunday Coffee	e: Ho	spitality:	Fundraisii	ng: Proje	ect Advance:	Gardening: Maintenance: