

Family Address:
(PLEASE PRINT)

Number

Street

Apartment/Suite

Postal Code:

Home Phone Number

For Parish office only:

Date: _____
Year Month Day

Envelope # _____

I would like to volunteer:

- ☐ Altar Server
- ☐ Catholic Women's League
- ☐ Communion Ministry
- ☐ Development and Peace
- ☐ Divine Mercy Group
- ☐ Funerals
- ☐ Greeter
- ☐ Knights of Columbus
- ☐ Maintenance Committee
- ☐ Pastoral Care Outreach
- ☐ R.C.I.A.
- ☐ Reader/Lector
- ☐ Refugee Committee
- ☐ Religious Education
- ☐ Sacramental Preparation
- ☐ Social & Ecological Justice Committee
- ☐ St. Vincent de Paul
- ☐ Sunday Hospitality
- ☐ Usher

**St. Patrick's
Parish**



**NEW PARISHIONER
REGISTRATION
FORM**

AND

**UPDATED
INFORMATION
FORM**

2060 Haultain Street
Victoria, BC
V8R 2L7

Phone: 250-592-7391

E-Mail: stpatricks-vic@rcdvictoria.org

www.stpatsvictoria.com

1 Main Contact Person:
(PLEASE PRINT)

Last
Name: _____

First Name: _____

Gender: ____ F ____ M

DOB: _____
Year Month Day

Marital Status: _____

Cellphone: _____

E-Mail: _____

2 Spouse Contact Person:
(PLEASE PRINT)

Last Name: _____

First Name: _____

Gender: ____ F ____ M

DOB: _____
Year Month Day

Marital Status: _____

Cellphone: _____

E-Mail: _____

3 Children:
(PLEASE PRINT)

1.Name: _____

Gender: ____ F ____ M

DOB: _____
Year Month Day

2.Name: _____

Gender: ____ F ____ M

DOB: _____
Year Month Day

3.Name: _____

Gender: ____ F ____ M

DOB: _____
Year Month Day