

Please see reverse for St. Joseph Parish privacy clause. In order to complete registration the privacy clause must be signed. St. Joseph's Parish collects and protects the personal information on this form pursuant to the Personal Information Protection Act and Canon Law. The information will only be used to establish a parishioner's status in the Roman Catholic Church, managing the parishioner-parish relationship, identifying resources parishioners would like to access and/or ways parishioners can assist the parish. This information will not be disclosed without your prior consent.

(Please print or write legibly)

Last Name _____ First Name _____ Initial ____ Male Female

Year of Birth _____ Religion _____ Occupation _____

If Married:

SPOUSE'S Last Name _____ First Name _____ Initial ____ Male Female

Year of Birth _____ Religion _____ Occupation _____

MARITAL STATUS: Single Married Separated Divorced Widowed

ADDRESS: _____ **Home Ph:** _____

City: _____ **Postal Code** _____ **Alternative Ph:** _____ **of** _____ *person's name*

Cell phone

Work phone

EMAIL ADDRESS you would like to use to correspond with the parish: _____

Please issue me a set of Sunday offering envelopes: yes no

Look for your labeled set of envelopes in the church entrance next Sunday

(Please mark with a X if received)

INFORMATION OF CHILDREN: Name	Male/Female	Birth Year	Baptism	Communion	Confirmation

I (we) would like to participate in the following areas:

(Please enter the name of the interested person in the appropriate section.)

LITURGY

Lector _____
 Usher _____
 Choir _____
 Organist _____
 Musician _____
 (specify instrument) _____
 Altar care _____
 Minister of Welcome _____

CHRISTIAN OUTREACH

Visit sick / elderly _____
 Hospital visits _____
 Driver for seniors _____

PARISH ORGANIZATIONS

Knights of Columbus _____
 CWL _____
 Youth Group _____

RELIGIOUS EDUCATION

Attend scripture class _____
 Attend basics of the faith class _____
 PREP teacher _____
 PREP assistant _____
 Other interest/specialties (please specify) _____

ADMINISTRATION /MAINTENANCE

Parish council _____
 Fund raising _____
 Events coordinator _____
 Building & Lawns _____
 Finance _____

Please arrange to have a priest visit _____ (OVER)

Altar Server _____

ST. JOSEPH'S PARISH PRIVACY STATEMENT

St. Joseph's Parish collects and protects the personal information on this form pursuant to the Personal Information Protection Act and Canon Law. The information will only be used for the following purposes:

1. Maintaining parish registration information.
2. Providing parishioners who donate to the parish either via envelop or other methods with tax receipts.
3. Ascertaining status of parishioner or their children for reception of sacraments in the Roman Catholic Church.

This information will not be disclosed to any other organization without your prior consent.

If you have indicated that you like to assist in one of our parish ministries what contact information may we make available to the Ministry Coordinators?

Phone Email Both

May the parish use information provided under the 'Occupation' item line to contact you for advice on your area of expertise should the need arise?

Yes No

Having read the above I understand and agree to the usages of my personal information. I also understand that at anytime I may withdraw consent but must give the parish written or verbal notice.

Signature _____ Date _____

Spouse's Signature _____ Date _____