

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

Birth date d \_\_\_\_ m \_\_\_\_ y \_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Cell Ph. \_\_\_\_\_

**If Married:**

SPOUSE'S Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_ Male  Female

Birth date d \_\_\_\_ m \_\_\_\_ y \_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Cell Ph. \_\_\_\_\_

**MARITAL STATUS:** Single  Married  Separated  Divorced  Widowed

**ADDRESS:** \_\_\_\_\_ **Home Ph:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**I would like a box of Sunday offering envelopes: yes  no**

*(Assigned boxes are ready for pick up the following Sunday in the entrance of the church.)*

**Request to set up weekly Electronic Funds Transfer directly from your bank: yes**

*(Please mark with X if received)*

INFORMATION OF CHILDREN: Name	Male or Female	Birth date			Baptism	Communion	Confirmation
		d/	m/	y/			

**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 \_\_\_\_\_  
 Altar care \_\_\_\_\_  
 Minister of Welcome \_\_\_\_\_

**CHRISTIAN OUTREACH**

Visit sick / elderly \_\_\_\_\_  
 Hospital visits \_\_\_\_\_  
 Driver for seniors \_\_\_\_\_

**PARISH ORGANIZATIONS**

Knights of Columbus \_\_\_\_\_  
 CWL \_\_\_\_\_

Altar Server \_\_\_\_\_

**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 \_\_\_\_\_

## 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 any time I may withdraw consent but must give the parish written or verbal notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_