



OUR LADY OF PERPETUAL HELP PARISH

2465 Crown Street, Vancouver, B.C. V6R 3V9

(604) 224-4344 ♦ parish.olph@rcav.org ♦ www.olphchurch.ca

Registration Form

Primary Member

Surname: _____

First Name: _____

Date of Birth: _____

Gender: _____

(month/date/year)

Occupation: _____

Email: _____

Work Tel.: _____

Cellular: _____

Marital Status: Single _____
 Married _____
 Separated _____
 Divorced _____
 Widowed _____

Religion: Roman Catholic _____

Sunday offerings by:

Tax Receipt to be issued to:

Envelopes PAD/Credit Card Env # _____

(Name) _____

Secondary Member

Surname: _____

First Name: _____

Date of Birth: _____

Gender: _____

(month/date/year)

Occupation: _____

Email: _____

Marital Status: Single _____
 Married _____
 Separated _____
 Divorced _____
 Widowed _____

Religion: Roman Catholic _____
 Anglican _____
 Protestant _____
 Other Christian _____
 Other Religion _____

Address: _____

City: _____

Province: _____

Postal code: _____

Home Tel.: _____

Over →

Children

1. Surname:	_____	First Name:	_____
Date of Birth:	_____	Gender:	_____
	<i>(month/date/year)</i>		
School:	_____	Grade:	_____
Religion:	_____		
Baptised:	Yes / No	Reconciliation:	Yes / No
Confirmed:	Yes / No	Communion:	Yes / No

2. Surname:	_____	First Name:	_____
Date of Birth:	_____	Gender:	_____
	<i>(month/date/year)</i>		
School:	_____	Grade:	_____
Religion:	_____		
Baptised:	Yes / No	Reconciliation:	Yes / No
Confirmed:	Yes / No	Communion:	Yes / No

3. Surname:	_____	First Name:	_____
Date of Birth:	_____	Gender:	_____
	<i>(month/date/year)</i>		
School:	_____	Grade:	_____
Religion:	_____		
Baptised:	Yes / No	Reconciliation:	Yes / No
Confirmed:	Yes / No	Communion:	Yes / No

- ◆ Income tax receipts can be issued only to those who contribute by envelopes or PAD/credit card.
- ◆ Reduced tuition applies only to those who contribute to OLPH Parish by envelopes or PAD/credit card.

Registration form received on: _____ Posted on ParishSOFT: _____