Address:

Postal code:

City:

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: Religion: Roman Catholic _____ Single Married Separated Divorced Widowed 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: Single Marital Status: Religion: Roman Catholic _____ Married Anglican Separated Protestant Divorced Other Christian Widowed Other Religion

Province:

Home Tel.:

Over \rightarrow

<u>Children</u>			
1. Surname:		First Name:	
Date of Birth:		Gender:	
School: Religion:	(month/date/year)	Grade:	
Baptised:	Yes / No	Reconciliation	
Confirmed:	Yes / No	Communion:	Yes / No
2. Surname:		First Name:	
Date of Birth:	(month/date/year)	Gender:	
School:		Grade:	
Religion:			
Baptised:	Yes / No	Reconciliation	: Yes / No
Confirmed:	Yes / No	Communion:	Yes / No
3. Surname:		First Name:	
Date of Birth:	(month/date/year)	Gender:	
School:	(moninvadie/year)	Grade:	
Religion:			
Baptised:	Yes / No	Reconciliation	: Yes / No
Confirmed:	Yes / No	Communion:	Yes / No
• Income tax i	receipts can be issued only to those	who contribute by e	nvelopes or PAD/credit card.

• Reduced tuition applies only to those who contribute to OLPH Parish by envelopes or PAD/credit card.

The parish has my permission to email me the weekly bulletin: Yes □ No □ Signature					
Registration Form received on :	Posted on ParishSOFT:				