

PARISH REGISTRATION

PLEASE PRINT CLEARLY

Family Name: _____ Given Names: _____ Date: _____
 Religion: Roman Catholic If not, please indicate: _____ Date of Birth: Month ____ Year ____
 Were you confirmed: ☐ Yes ☐ No Occupation: _____
 Address: _____ City: _____
 Telephone: Home: _____ Cell: _____ Postal Code: _____
 Email address: _____
 Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
 If married: Name of Spouse: _____ Date of Birth: Month ____ Year ____
 Religion: _____ Occupation: _____
 If Catholic, were you confirmed: ☐ Yes ☐ No
 Were you married in a Catholic church? ☐ Yes ☐ No

Information on Children under age 18

Given Names	Date of Birth	Baptized	Communion	Confirmed
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preferred way of Donation: ☐ Envelopes (Please pick up your assigned envelopes from the Information Desk the following Sunday)
☐ Electronic Fund Transfer (EFT) (Please complete the pre-authorized debit form at the back page)

ALL SAINTS PARISH PRIVACY STATEMENT

All Saints 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 envelope or other methods with tax receipts.
3. Ascertaining status of parishioner or their children for reception of sacraments in the Roman Catholic Church.

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.

I hereby understand that the information on this form as per the clause included above will be kept confidential and not disclosed to others without my prior consent.

Signature

Date

BANK ACCOUNT PRE-AUTHORIZED DEBIT FORM

*The personal information on this form is collected and protected pursuant to the Personal Information Protection Act.
The information is for the sole use of All Saints Parish Office.*

DATE: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____ PROVINCE: _____

POSTAL CODE: _____ - _____ TELEPHONE: _____ EMAIL: _____

MONTHLY CONTRIBUTION - PLEASE DEBIT MY BANK ACCOUNT	
<input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> Other: \$ _____	
<i>The debit will be processed to your bank account on the 17th day of each month or the next business day.</i>	
PLEASE ENCLOSE A VOID CHEQUE WHEN SUBMITTING YOUR FORM.	
NAME OF BANK	ACCOUNT NUMBER
BRANCH NAME	TRANSIT NUMBER

This authorization is subject to change or cancellation by the contributor at any time. To obtain a sample cancellation form, or for more information on my right to cancel a Pre-Authorized Debit Agreement, I/we may contact my financial institution or visit www.cdnpay.ca.

Please note:

- Parishioners donating through Dedicated Giving are no longer required to use parish envelopes. Therefore, no envelope numbers will be assigned.
- To include second collection donations for monthly deductions, please complete our "SECOND COLLECTION DISTRIBUTIONS" form.

I hereby authorize All Saints Parish, Coquitlam, B.C., Canada, to withdraw my monthly contribution.

Signature

Date

☐ I AM INTERESTED IN MAKING A GIFT IN MY WILL