



Immaculate Conception Parish

3285 Cathedral Avenue
Prince George, BC V2N 6R4

Registration Form

FAMILY SURNAME: _____ Phone: (h) _____ (c) _____

Civic Address: _____

_____ Postal Code: _____ Email: _____

Mailing address (if different from above): _____

_____ Postal Code: _____

MALE (M):

First Name: _____ Last Name: _____ DOB _____

YYYY/MM/DD

Religion: _____ Occupation: _____

FEMALE (F):

First Name: _____ Last Name: _____ DOB _____

YYYY/MM/DD

Religion: _____ Occupation: _____

CHILDREN 18 YEARS OR YOUNGER LIVING AT HOME:

M F

Baptized? Yes No First Name: _____ Last Name: _____ DOB _____

YYYY/MM/DD

M F

Baptized? Yes No First Name: _____ Last Name: _____ DOB _____

YYYY/MM/DD

M F

Baptized? Yes No First Name: _____ Last Name: _____ DOB _____

YYYY/MM/DD

M F

Baptized? Yes No First Name: _____ Last Name: _____ DOB _____

YYYY/MM/DD

M F

Baptized? Yes No First Name: _____ Last Name: _____ DOB _____

YYYY/MM/DD

M F

Baptized? Yes No First Name: _____ Last Name: _____ DOB _____

YYYY/MM/DD

M F

Baptized? Yes No First Name: _____ Last Name: _____ DOB _____

YYYY/MM/DD

Would you like to receive donation envelopes? Yes No

If yes, please provide name for tax receipt including middle initial

First Name: _____ Middle Initial _____ Last Name: _____

Would you like to receive the bulletin via email? Yes No

Email address same as above? Yes No if no,

Email address to send bulletin: _____