



ST. LUKE'S PARISH REGISTRATION

20285 Dewdney Trunk Road

Maple Ridge, BC V2X 3M2

Welcome to Your New Parish

Today's Date: _____

GENERAL INFORMATION: Please print CLEARLY.

LAST NAME: _____ ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: _____ check if unlisted _____ ALTERNATE PHONE: _____

EMAIL: _____ @ _____ Would you like to receive our weekly e-bulletin? Yes ___ No ___

IF YOU ARE A SINGLE ADULT PLEASE COMPLETE THIS SECTION:

First Name: _____ Middle Name: _____ Date of Birth: _____

Year Month Day

Occupation: _____ Marital Status: single _____ widowed _____ separated/divorced _____

Baptized at: _____ City/Country of Church: _____

Have you received the Sacrament of Confirmation? ___ yes ___ no

IF YOU ARE A MARRIED COUPLE PLEASE COMPLETE THIS SECTION:

Husband First Name: _____ Middle _____ Date of Birth: _____

Year Month Day

Occupation: _____ Religious Denomination: Catholic _____ Protestant _____ Other _____

Baptism: yes ___ no ___ First Communion: yes ___ no ___ Confirmation yes ___ no ___

Wife First Name: _____ Middle _____ Last Name is Different: _____

Date of Birth: _____ Occupation: _____

Year Month Day

Religious Denomination: Catholic _____ Protestant _____ Other _____

Baptism: yes ___ no ___ First Communion: yes ___ no ___ Confirmation yes ___ no ___

Were you and your husband married by a Catholic Priest: yes ___ no ___

Wedding Anniversary Date: _____

Year Month Day

The information provided on this form will be held in strict confidence and is for the sole purpose of registering with St. Luke's Parish, Maple Ridge, BC and will not be shared with other groups/organizations without prior written consent.

FAMILY MEMBER INFORMATION PLEASE COMPLETE THIS SECTION:

Name: _____
Last First Middle

Date of Birth: _____ Religion: _____
Year Month Day

Baptism: _____ First Communion: _____ Confirmation: _____ Public School _____ Private School _____

Name: _____
Last First Middle

Date of Birth: _____ Religion: _____
Year Month Day

Baptism: _____ First Communion: _____ Confirmation: _____ Public School _____ Private School _____

Name: _____
Last First Middle

Date of Birth: _____ Religion: _____
Year Month Day

Baptism: _____ First Communion: _____ Confirmation: _____ Public School _____ Private School _____

Name: _____
Last First Middle

Date of Birth: _____ Religion: _____
Year Month Day

Baptism: _____ First Communion: _____ Confirmation: _____ Public School _____ Private School _____

Name: _____
Last First Middle

Date of Birth: _____ Religion: _____
Year Month Day

Baptism: _____ First Communion: _____ Confirmation: _____ Public School _____ Private School _____

Name: _____
Last First Middle

Date of Birth: _____ Religion: _____
Year Month Day

Baptism: _____ First Communion: _____ Confirmation: _____ Public School _____ Private School _____

The information provided on this form will be held in strict confidence and is for the sole purpose of registering with St. Luke's Parish, Maple Ridge, BC and will not be shared with other groups/organizations without prior written consent.