



# OUR LADY OF PERPETUAL HELP PARISH

## PARISH REGISTRATION FORM

635 Tranquille Road  
Kamloops, BC  
V2B 3H5

Phone: 250-376-5541  
Fax: 250-376-5526  
e-mail: olphkamloops@shaw.ca

Family Name/Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Date: \_\_\_\_\_  
Phone-Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

<p><b>Husband/Male</b></p> <p>Name _____</p> <p>Birthday _____</p> <p>Religion _____</p> <p>Occupation _____</p> <p>Marital Status</p> <p><input type="checkbox"/> Single                      <input type="checkbox"/> Married – Catholic Church</p> <p><input type="checkbox"/> Married – Civil              <input type="checkbox"/> Married – Minister</p> <p><input type="checkbox"/> Common-Law                <input type="checkbox"/> Divorced – Single</p> <p><input type="checkbox"/> Widowed                      <input type="checkbox"/> Divorced – Remarried</p>	<p><b>Wife/Female</b></p> <p>Name _____</p> <p>Birthday _____</p> <p>Religion _____</p> <p>Occupation _____</p> <p>Marital Status</p> <p><input type="checkbox"/> Single                      <input type="checkbox"/> Married – Catholic Church</p> <p><input type="checkbox"/> Married – Civil              <input type="checkbox"/> Married – Minister</p> <p><input type="checkbox"/> Common-Law                <input type="checkbox"/> Divorced – Single</p> <p><input type="checkbox"/> Widowed                      <input type="checkbox"/> Divorced – Remarried</p>
<p>Wedding/Anniversary Date: _____</p> <p style="text-align: center; font-size: small;">Year/Month/Day</p>	

**Do you wish to use CONTRIBUTION ENVELOPES for your weekly Offerings?**

Yes     No    Env. # \_\_\_\_\_

(We need your regular support for the Church. Using contribution envelopes is the best way you can do it. You have the added advantage of receiving a tax deductible Income Tax Receipt at the end of the year for your donations. If you opt to request for a set of envelopes, they will be ready for pick up in the foyer of the Church on the Sunday following your request. **(Tithing is an important part of our religious duty).**)

**Children and other members of your family living in your Home:**

Name	Sex M/F	Birthday Y / M / D	Baptized Yes/No	Communion Yes/No/Yes/No	Confirmed /College	School	Grade

We would love to use your particular talents and gifts for the good of the Parish Community. In what ways can you contribute to the Parish?

- |                                                                    |                                           |                                              |
|--------------------------------------------------------------------|-------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Extra-ordinary Minister of Holy Communion | <input type="checkbox"/> Music            | <input type="checkbox"/> Lector/Reader       |
| <input type="checkbox"/> Catholic Women’s League                   | <input type="checkbox"/> Religion Teacher | <input type="checkbox"/> Usher               |
| <input type="checkbox"/> Legion of Mary                            | <input type="checkbox"/> Church Cleaning  | <input type="checkbox"/> Knights of Columbus |