



Immaculate Conception Parish

3285 Cathedral Avenue
Prince George, BC V2N 5R2

Registration Form

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

Civic Address: _____

_____ Postal Code: _____

Mailing address (if different from above): _____

Postal Code: _____ Email: _____

MALE:

First Name: _____ Last Name: _____ DOB _____

YYYY/MM/DD

Religion: _____ Occupation: _____

FEMALE:

First Name: _____ Last Name: _____ DOB _____

YYYY/MM/DD

Religion: _____ Occupation: _____

CHILDREN 18 YEARS OR YOUNGER LIVING AT HOME:

MALE FEMALE First Name: _____ Last Name: _____ DOB _____

YYYY/MM/DD

MALE FEMALE First Name: _____ Last Name: _____ DOB _____

YYYY/MM/DD

MALE FEMALE First Name: _____ Last Name: _____ DOB _____

YYYY/MM/DD

MALE FEMALE First Name: _____ Last Name: _____ DOB _____

YYYY/MM/DD

MALE FEMALE First Name: _____ Last Name: _____ DOB _____

YYYY/MM/DD

MALE FEMALE First Name: _____ Last Name: _____ DOB _____

YYYY/MM/DD

Would you like to receive donation envelopes? Yes No