



Immaculate Conception Parish

3285 Cathedral Avenue
Prince George, BC V2N 6R4

Registration Form

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

Civic Address: _____

_____ Postal Code: _____

Mailing address (if different from above): _____

Postal Code: _____ Email: _____

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 First Name: _____ Last Name: _____ DOB _____
YYYY/MM/DD

M F First Name: _____ Last Name: _____ DOB _____
YYYY/MM/DD

M F First Name: _____ Last Name: _____ DOB _____
YYYY/MM/DD

M F First Name: _____ Last Name: _____ DOB _____
YYYY/MM/DD

M F First Name: _____ Last Name: _____ DOB _____
YYYY/MM/DD

M F First Name: _____ Last Name: _____ DOB _____
YYYY/MM/DD

Would you like to receive donation envelopes? Yes No

Name for Tax receipt

First name Middle Initial Last Name