



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)

MALE (M):

_____ **DOB** _____
First Name Middle Name Last Name YYYY/MM/DD

_____ **Religion** _____ **Occupation:** _____

FEMALE (F):

_____ **DOB** _____
First Name Middle Name Last Name YYYY/MM/DD

_____ **Religion** _____ **Occupation:** _____

CHILDREN 18 YEARS OR YOUNGER LIVING AT HOME:

M F

Baptized? **Yes** **No** _____
First Name Middle Name Last Name DOB YYYY/MM/DD

M F

Baptized? **Yes** **No** _____
First Name Middle Name Last Name DOB YYYY/MM/DD

M F

Baptized? **Yes** **No** _____
First Name Middle Name Last Name DOB YYYY/MM/DD

M F

Baptized? **Yes** **No** _____
First Name Middle Name Last Name DOB YYYY/MM/DD

M F

Baptized? **Yes** **No** _____
First Name Middle Name Last Name DOB YYYY/MM/DD

M F

Baptized? **Yes** **No** _____
First Name Middle 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: _____

Are you transferring from another parish in the Diocese of Prince George **Yes** **No**

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

Email address same as above? **Yes** **No**

If no, please provide email address: _____

Date of Registration: _____

YYYY/MM/DD