

Our Lady of Good Hope Parish

Parish Registration

PLEASE PRINT

	Name	Religion
MARRIED		
LAST NAME		
<i>Husband (first name)</i>		
<i>Wife (first name)</i>		
Address:		P.O. Box #
		Postal Code:
Husband Phone #	<i>Cell:</i>	<i>Home:</i>
Wife Phone #	<i>Cell:</i>	
Email address		
SINGLE		Religion
Name		
Phone number	<i>Cell:</i>	<i>Home:</i>
Email address		
Address:		P.O. Box #
		Postal Code:

Children under 18 at home

Please check if Sacrament Received

Name	Age	Bapt.	Conf.	Comm.	Recon.	Birth Month/Day/Year

Please check if you would like to serve in a Ministry

	Lector
	Choir
	Altar Server (children)
	Other:

	Please check if you want a set of Sunday Offering Envelopes
	Please check if you want the BC Catholic mailed to you. (There is no cost)

**PLEASE RETURN THE REGISTRATION FORM TO THE OFFICE OR PUT IT
IN THE OFFERING BASKET, thanks**