

4925 Cambie Street
 Vancouver, B.C. V5Z 2Z4
 (604) 261-9393
 Email: holyname@shaw.ca



Holy Name Parish Census

Please help us to update our Parish Files

Family Name: _____
 Address: _____
 Home Phone No: _____
 Work Phone No.: _____ Fax: _____
 Email Address: _____

When did you start attending Holy Name Parish?	
Month	Year

Names of persons living at the above address:

	Family Name	First Name	Date of Birth (Day/Month/Year)	Religion: (RC/Other)
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

My/Our Envelope No: _____	I/We would like to receive donation envelopes	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>

I/We would like to receive information on monthly Pre-Authorized Debit: _____

What Mass do you normally attend? Daily Saturday, 5:00 pm
 Sunday, 9:00 am Sunday, 11:00 am Other

What skills, talents, experiences are you willing to share with the Parish?

Are you /or anyone of your family members interested in:

Altar Server Ushers Reading at Mass Visiting the Sick
 Eucharistic Minister PREP Program

NB: If you prefer to mail this Census back please do so as soon as possible. Thank You!