

The staff of the Parish would appreciate it if you could complete this form. It will allow us to serve you better.
Once completed, please place it in the collection basket, or leave it at the Parish Office. Thank you.

ST. GERARD'S PARISH

Registration/Change of Information Form

Please check the appropriate box(es):

New Parishioner <input type="checkbox"/>		Change of Information <input type="checkbox"/>		Weekend Mass Usually Attended: Sat. 7 pm <input type="checkbox"/> Sun. 9 am <input type="checkbox"/> Sun. 11 am <input type="checkbox"/>		
Would you like Collection Envelopes? <input type="checkbox"/> Yes <input type="checkbox"/> No		Spouse's name to be included on tax receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your Mass attendance: Every week or more <input type="checkbox"/> Twice a month <input type="checkbox"/>		
Would you like information regarding Direct Deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No				Several times a year <input type="checkbox"/> Once a year or less <input type="checkbox"/>		
				Do you normally attend weekday Mass? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Family Surname:			Spouse's Surname (if different):		Spouse's Maiden Name:	
First Name:	Date of Birth (MM/DD/YY):	Religion:	Spouse's First Name:		Date of Birth (MM/DD/YY):	Religion:
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>					Year moved to Yorkton: _____	
					Moved from: _____	
Address:					Postal Code	
Primary Telephone:		Unlisted: Yes No		Date of Marriage (if applicable):		Place of Marriage – City & Name of Church (if applicable)
Other Telephone:		Yes No				
Email:			Email:			
Can email address be published? Yes No			Can email address be published? Yes No			

Please complete the reverse (if applicable).

Children living at home – Those over 18 and NOT going to school should complete a separate form. Please include dates and parish name for sacraments received.

<i>Child's Full Name (Surname if different from above)</i>	<i>Date of Birth (MM/DD/YY)</i>	<i>School & Grade</i>	<i>Baptism</i>	<i>Confirmation</i>	<i>First Eucharist</i>	<i>Reconciliation</i>

Parish Privacy Statement

1. **WHY WE COLLECT THIS INFORMATION:** To provide services, including, but not limited to, educational, spiritual, social, and financial (tax receipt) services to the members of the Parish. To provide statistical information and spiritual reports required by the Archdiocese of Regina.
2. **WHO HAS ACCESS TO THIS INFORMATION:** Access is provided only to those employees and volunteers with valid reasons for access, the Archdiocese of Regina for the reasons mentioned above, or any government agency with a valid and lawful reason for doing so.
3. **WHAT IS CONSIDERED CONFIDENTIAL:** Any information that is not available in a public forum (telephone books, etc.)
4. **ACCURACY OF INFORMATION:** Members of this Parish have the right to view any information on file about themselves or any minor children, and to request correction of any errors. Requests are to be made during normal Parish business hours.
5. **SECURITY OF INFORMATION:** All records are kept on a limited access, password protected program, or in paper form with limited access.
6. **COMPLAINT RESOLUTION:** Any complaints about this statement, or the use of information supplied, should be directed in writing to the Pastor of the Parish.