

New Parishioner Registration (to return, drop this form in the Parish Office Box at Church or the Parish Office):

Please complete this card so that we register you as a parishioner and send you a welcome letter

Please circle – Mr / Mrs / Ms / Miss

CHRISTIAN NAME: _____ SURNAME: _____

HOME PHONE: _____ MOBILE: _____ EMAIL: _____

OCCUPATION: _____ RELIGION: _____

Please circle – Mr/Mrs/Ms/Miss

CHRISTIAN NAME: _____ SURNAME: _____

HOME PHONE: _____ MOBILE: _____ EMAIL: _____

OCCUPATION: _____ RELIGION: _____

ADDRESS: _____

Would you like to join the Stewardship Program and support the parish financially? YES / NO

If Yes, please select one from the following: ENVELOPES / CREDIT CARD / DIRECT DEBIT

Weekly / Fortnightly (DD only) / Monthly / Other (please specify) _____

CHILDREN INFORMATION: (please attach paper for additional children)

FIRST NAME	SURNAME	GENDER	RELIGION	BIRTH DATE	OCCUPATION/SCHOOL NAME