 **PARISH REGISTRATION FORM**

**PERSONAL DETAILS:** (Please tick):

New registration  updated information 

Surname: Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Christian name/s:

Ethnic background: Employment:

Date of Birth: Age:

Home address:

Telephone: Home: Work:

 Mobile:

Email address:

Name of your last Parish:

Date of Marriage (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mass Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY DETAILS:**

Names of those living with you: Date of Birth: Age: Relationship to you:

**PLANNED GIVING SCHEME:**

Would you like to join Parish Pledge Giving Scheme? YES  NO

Would you like Envelopes? YES  NO

or by Automatic Payment? YES  NO

**PARISH INTERESTS:**

Please tick, if you would like to be contacted regarding the following:

 Sacramental Programme for children

 RCIC (Sacramental Programme for older children / teenagers)

 RCIA (Sacramental Programme for adults)

 Religious Education Programmes/Courses

 Children Liturgy (10.00am Mass)  St Vincent de Paul

 Choir/ Music group  Liturgy planning

 Minister of the Word  Extraordinary Minister of Holy Communion

 Altar Servers  Youth groups

 Hospitality  Social Committee

 Parish Cultural Communities – specifically...

 Parish Prayer Groups – specifically.....

**VOLUNTARY WORK WITHIN THE PARISH:**

Please tick below if you are able to assist the parish in some way (big or small)...

 I am available to help out with volunteer work within the parish. I am happy to provide the following services if/when required:

Any Suggestion to improve our parish:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CONSENT:**

I give consent for the information that I have provided on this form to be given to the Parish Office of Holy Trinity Parish and that this information will be kept confidential and only be used for office purposes. I understand that my contact details will not be given out to anyone without my personal consent.

Signature: …................................................... Date: ….....................................................

I am happy for my email and telephone number to be given out for **CHURCH PURPOSES ONLY**

  YES  NO

***All the information provided on our Parish database is treated as private and confidential and will only be viewed by the Parish Priest and authorised Parish Office Staff. No details can be given to an outside agency, without the personal consent of the individual concerned.***

***Please give this form once completed to either to the Parish Priest or drop off at the Parish Office.***

***Thank you***

***Email:*** ***holytrinity.wgtn@extra.co.nz*** ***Phone: 04 388 6953, P.O. Box 15256,Miramar, Wellington 6243***

[***www.holytrinity.parish.nz***](http://www.holytrinity.parish.nz)