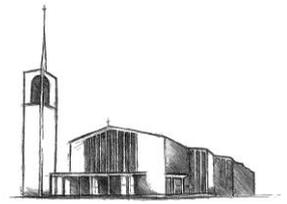


New Registration at St Joseph's Parish Grey Lynn



Details for the Parish Roll

Family Name: _____

Email: _____

First name: _____

Phone: _____

Title: Mr Mrs Ms Other _____

Mobile: _____

Address: _____

Occupation: _____

Postal address: _____
if different from above

Religion: _____
(if other than Catholic)

Spouse/Partner *(if applicable)* Married

Email: _____

Last Name: _____

Phone: _____

First name: _____

Mobile: _____

Title: Mr Mrs Ms Other _____

Occupation: _____

Address *(if different from yours)*: _____

Religion: _____
(if other than Catholic)

Children *(if this information is applicable to your family/household)* **Independent Children** will have to fill out their own form.

Name of 1st Child: _____ Date of Birth: _____ Male/Female (Please circle)

Sacraments already received: Baptism Reconciliation Confirmation Eucharist

Parish where Sacraments were received: _____

Name of 2nd Child: _____ Date of Birth: _____ Male/Female (Please circle)

Sacraments already received: Baptism Reconciliation Confirmation Eucharist

Parish where Sacraments were received: _____

Name of 3rd Child: _____ Date of Birth: _____ Male/Female (Please circle)

Sacraments already received: Baptism Reconciliation Confirmation Eucharist

Parish where Sacraments were received: _____

Name of 4th Child: _____ Date of Birth: _____ Male/Female (Please circle)

Sacraments already received: Baptism Reconciliation Confirmation Eucharist

Parish where Sacraments were received: _____

Volunteering in the Parish

Please tick any of the areas you are interested in volunteering for and a member of our Parish Team will be in contact with you to discuss further.

Liturgical Ministries

- Altar Server
- Minister of the Word
- Minister of Holy Communion
- Musician
- Choir

Planned Giving

For the support of the Parish you may like to pledge a regular donation:

- I am already enrolled in the planned giving scheme
- I would like to use weekly envelopes
- I would like to set up an automatic payment
- Please email my year-end tax receipts to me My email address is: _____
- I will collect my receipt

In submitting this form I agree to my/our details being used for parish administration purposes. The information will only be accessed as necessary by parish staff. I understand my data will be held securely and will not be distributed to third parties. I have a right to change or access my information and I understand this information will be destroyed when no longer needed or when requested by me (please notify us if you are shifting to another parish or leaving the parish for any other reason).

Send completed forms to the:

- parish office: greylynnstjoseph@gmail.co.nz
- Parish Priests
- sealed box in the foyer

Signature 1 _____

Signature 2 _____

Date _____



Please remember to notify us of any changes of address or other details.