



# Catholic Church of St Mary's & St Columba's

## New Parishioner Registration Form

*This census form should be completed by each household. Please complete all information in block capitals*

Main Contact Person:	
Home Address:	Post Code
Home Telephone/Mobile No.:	
Email address:	

**Please list all the adults and children living in this household (including yourself)**

First Name	Surname	Sex (M/F)	Date of Birth (xx/xx/xxxx)	Nationality	Catholic (Y/N)	Baptised (Y/N)	First Holy Communion (Y/N)	Confirmation (Y/N)	Current School or Occupation	Marital Status

DONATION: Would you be interested in Planned Giving (Standing Order or Direct Debit) to help the parish?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you are a taxpayer, would you like to Gift aid your offering?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Would you like to do this by Standing Order (bank)? OR	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Would you like to receive weekly donation envelopes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

<p><b>Attending Mass</b></p> <p>Which weekend Mass does your family usually attend?</p> <p>Saturday (Vigil) 6:00pm <input type="checkbox"/></p> <p>Sunday 8:00am <input type="checkbox"/></p> <p>Sunday 11:15am <input type="checkbox"/></p>	<p><b>Newsletter Subscription</b></p> <p>Do you wish to receive the weekly parish newsletter through email?</p> <p style="text-align: right;">Yes <input type="checkbox"/></p> <p style="text-align: right;">No <input type="checkbox"/></p>
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**Special Interests / Expertise**

Do any members of your family have any professional expertise or interests with which you would be willing to help the Parish? For example: gardening, painting, carpentry, plumbing, health & safety, risk assessments and annual reviews, reading during Mass, church cleaning, flower arranging, looking after vestments and sacred linens, choir, catechesis, extra-ordinary ministry, children’s liturgy, etc. Please give details below:

Are there any members of your household who are unable to attend Mass due to illness or being housebound?      Yes       No

Please give details below:

**Other Comments**

*Information provided on this form, together with all other personal data held about these individuals by the Parish and the Diocese of Portsmouth, is processed in accordance with the Diocese’s Privacy Notice, which can be obtained from [www.portsmouthdiocese.org.uk/gdpr](http://www.portsmouthdiocese.org.uk/gdpr) or from [GDPR@portsmouthdiocese.org.uk](mailto:GDPR@portsmouthdiocese.org.uk)*

For Office Use:

Date Received:		Details passed on to Ministry Coordinator:	
Date entered in register:		By:	