

FAMILY MEMBER INFORMATION

CHRISTIAN NAMES	Relationship of others in household to you (spouse, son etc)	RELIGION	SEX M/F	DATE OF BIRTH	OCCUPATION (or) SCHOOL & CLASS	MINISTRIES	SACRAMENTS : Please tick the sacraments each person has received BAPT EUCH CONFIRM MARR			
	SELF									

SPECIAL COMMENTS:

CONTRIBUTING TO THE PARISH PLANNED GIVING PROGRAMME

Contributions to the Parish Planned giving Programme ensures the maintenance of the pastoral needs of the parish, and practical management of running costs.

Your support of this important aspect of parish life is greatly appreciated.

If you wish to participate, please complete the details below.

Please supply me with a Box of Envelopes

☐

Yes

☐

No

GETTING INVOLVED IN PARISH LIFE

Our parish greatly appreciates and values the assistance it receives from so many in our community. Would you like to hear more about how you might contribute your time and talent?

☐

Yes

☐

No

Please indicate below any professional or trade skills you'd be willing to share with the parish community whether they be in: teaching, writing graphics, insurance, computers, fund raising, painting, plumbing, carpentry, electricity, secretarial, or any of the many talents that make up our community.

YOUR COMMENTS

ST BERNADETTE'S PARISH

10-12 Argyle Street,

Carlton, NSW 2219

P: 9587 4246 F: 9587 1397

St_Bernadette@bigpond.com

Please Note:
All information
will be treated
confidentially

PARISH CENSUS/ NEW PARISHIONER REGISTRATION

PLEASE PRINT CLEARLY and in BLOCK LETTERS

The following is a survey that helps us understand you a little better. Please take the time to give us the information so that we can bring you into the parish family in a meaningful way.

Please return to the Parish Office or by mail to

(All Correspondence to PO BOX 4067 Carlton NSW 2218)

FAMILY SURNAME:

ADDRESS:

POST CODE:

MAILING ADDRESS: (If different)

SUBURB:

POST CODE:

HOME PHONE:

Silent

EMAIL:

Email will be the Parish's preferred method of contact for correspondence, rosters and planned giving receipts unless you advise the office otherwise

SPECIAL REMARKS

Is there anyone in your household that is ill or disabled, or any other special need, who would like a priest or special minister of Holy Communion to visit? If so, please enter name and contact details:

CULTURAL BACKGROUND

LANGUAGE SPOKEN
