



"Growing together in faith, hope & love" Phone: 9629-2595 Fax: 9629-9388
 Our Lady of the Rosary Parish, Kellyville ~ 8 Diana Avenue, (P.O. Box 21) Kellyville 2155
 email: admin@olorparishkellyville.org.au website: <http://www.parra.catholic.org.au/olorparish>

PARISHIONER CENSUS FORM

PLEASE USE BLOCK LETTERS

This information is confidential and will be used for our parish records and purpose of planning for future parish requirements and activities.

Family Name: _____
Email Address: _____ **Pcode:** _____
Home Phone: _____ **Postal Address:** _____
Father's Mob: _____ **Pcode:** _____
Mother's Mob: _____ **Ethnicity:** _____

Mother's Maiden Name: _____

Languages spoken (other than English): _____

Title	Given Name(s)	Relationship of others in household to you	Sacrament			Religion	Date of Birth	Occupation or School/Class	Sex M/F
			Bapt	Euch	Conf Mige				
		SELF					__/__/__		
							__/__/__		
							__/__/__		
							__/__/__		
							__/__/__		
							__/__/__		

I am interested in following Parish ministry (Please circle):

- 1. Altar Servers 2. Catechists 3. Choir & Musicians 4. Collectors/Counters 5. Eucharistic Ministers 6. Lectors 7. Mass Welcomers
- 8. Ministry to the sick 9. Flower Arranging 10. Children's Liturgy 11. Playgroup 12. Youth Group 13. Young Adults 14. Care Group

I would like Father to bless my house: _____
 Yes/ No

I would like to contribute to the Parish by credit card _____
 Yes/ No (See below for authorisation form)

Do you have any expertise which would help our Parish? _____
 Yes/ No

If paying by Credit Card, please complete the following:

Master Card Visa Card Expiry Date: / / Amount: \$ per month

Card Number:

Print Cardholder Name: _____ Cardholder Signature: _____