"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: _____

Home Phone: _____

Father's Mob: _____

Mother's Mob: _____

Mother's Maiden Name: _____

Residential Address: _____

_____ **Pcode:** _____

Postal Address: _____

_____ **Pcode:** _____

Ethnicity: _____

Languages spoken (other than English): _____

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