

# Our Lady of the Rosary Parish, Kellyville Parishioner Census Form

PLEASE PRINT IN BLOCK LETTERS

*Under the Pastoral Care of the Friars Minor Conventual 8 Diana Avenue (P.O. Box 21), Kellyville, New South Wales 2155  
email: admin@olorparishkellyville.org.au website: parra.catholic.org.au facsimile: 02 9629 9388 telephone: 02 9629 2595  
This information is confidential and will be used for our parish records and planning for future parish requirements and activities.*

Family name: \_\_\_\_\_ Languages spoken at home (other than English): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Home address: \_\_\_\_\_ Mother's Maiden name: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Father's mobile: \_\_\_\_\_ Mother's mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Any expertise that you would like to contribute to the parish: \_\_\_\_\_

I usually attend (check all that apply): **Saturday Vigil Mass:**  6pm **Sunday Masses:**  7am  9am  11am  6pm

I am (or a family member is) interested in the following parish ministries (check all that apply):  altar serving  catechist  counting money  lector

altar serving  Care Group  Extraordinary Minister of Communion  ministry to the sick  choir/musician  playgroup  youth

I would like a priest to bless our house.

Starting with yourself, please tell us the members in your family:

Title	Given name	Relation to you	Sacraments received	Religion if not R. Catholic	Date of birth	Occupation/school (year)	Sex
		SELF	<input type="radio"/> Baptism <input type="radio"/> Confirmation <input type="radio"/> Eucharist <input type="radio"/> Marriage				<input type="radio"/> Female <input type="radio"/> Male
			<input type="radio"/> Baptism <input type="radio"/> Confirmation <input type="radio"/> Eucharist <input type="radio"/> Marriage				<input type="radio"/> Female <input type="radio"/> Male
			<input type="radio"/> Baptism <input type="radio"/> Confirmation <input type="radio"/> Eucharist <input type="radio"/> Marriage				<input type="radio"/> Female <input type="radio"/> Male
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			<input type="radio"/> Baptism <input type="radio"/> Confirmation <input type="radio"/> Eucharist <input type="radio"/> Marriage				<input type="radio"/> Female <input type="radio"/> Male

I would like to contribute to the parish by credit card :  MasterCard  Visa Expiry date/year: / Amount per month: \$

Card Number:             CVV:

Print cardholder name: \_\_\_\_\_ Signature: \_\_\_\_\_