

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
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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: _____