

PARISH REGISTRATION FORM
Return to the presbytery
in a sealed envelope for confidentiality

Surname:..... Title:.....

First Name:

Address:

Postcode..... Telephone:

Email:.....

Partner:

Surname:

First name:

Sacraments Received - Yes or No - (dates optional)

You

Your partner

Baptism:

1st Communion:

Confirmation:

Convert:

Marriage:

Would you like to help in the Parish?

Eucharistic Minister

Choir

Catechist

Music

Readers

Cleaner

Altar Server

Flowers

OTHER Please specify.....

Children

Name: Date of Birth: M/F

School:

Baptism 1st Holy Communion Confirmation

Name: Date of Birth:M/F

School:

Baptism 1st Holy Communion Confirmation

Name: Date of Birth: M/F

School:

Baptism 1st Holy Communion Confirmation

Name: Date of Birth: M/F

School:

Baptism 1st Holy Communion Confirmation

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