



OUR LADY IMMACULATE CATHOLIC CHURCH TOLWORTH

NEW PARISHIONER REGISTRATION FORM

If you are new to our parish, we would like to offer you a very warm welcome and hope that, all ages, will participate fully and joyfully in our spiritual and social life.

We are made up of people from many cultural backgrounds both from the UK and around the World and this diversity is one of our strengths. Everyone who attends Mass here is encouraged, and is welcome, to take some form of active part: helping in one of many ways during Mass and other Services, or joining one of our many Parish Groups. Of course, at various times in our lives, we have more time than at others to do so and we recognise this constraint. If you would like to talk to one of the Priests or have any queries, please do contact us on 020 8399 9550 or by email tolworth@rcaos.org.uk to make an appointment.

Please return this form (in a sealed envelope) which will allow us to add you to the Parish database (all information is held for pastoral purposes in accordance with the Data Protection Act and not shared with any third parties) **Please complete the form using CAPITAL LETTERS**

FIRST NAME(S).....

LAST NAME

ADDRESS

POST CODE Phone No EMAIL

ARE YOU A CATHOLIC YES/NO OTHER DENOMINATION.....

Sacraments received: Baptism Yes/No First Communion Yes/No Confirmation Yes/No
Married Yes/ No Church/Civil

YOUR SPOUSE/PARTNER

FIRST NAME(s).....

LAST NAME

ADDRESS

POST CODE Phone No EMAIL.....

ARE YOU A CATHOLIC YES/NO OTHER DENOMINATION.....

Sacraments received: Baptism Yes/No First Communion Yes/No Confirmation Yes/No
Married Yes/ No Church/Civil



YOUR CHILDREN

FIRST NAME(S) **LAST NAME**

DATE OF BIRTH M / F.....

BAPTISED Yes/ No DATE AND PLACE.....

FIRST HOLY COMMUNION Yes /No DATE AND PLACE.....

CONFIRMATION Yes / NO DATE AND PLACE.....

SCHOOL

FIRST NAME(S) **LAST NAME**

DATE OF BIRTH M / F.....

BAPTISED Yes/ No DATE AND PLACE.....

FIRST HOLY COMMUNION Yes /No DATE AND PLACE.....

CONFIRMATION Yes / NO DATE AND PLACE.....

SCHOOL

FIRST NAME(S) **LAST NAME**

DATE OF BIRTH M / F.....

BAPTISED Yes/ No DATE AND PLACE.....

FIRST HOLY COMMUNION Yes /No DATE AND PLACE.....

CONFIRMATION Yes / NO DATE AND PLACE.....

SCHOOL

(Please use a separate sheet if necessary)

WOULD YOU LIKE TO VOLUNTEER OR RECEIVE MORE INFORMATION ABOUT THE FOLLOWING? (please circle)

- | | | | | | | |
|----------------------|------------------|-------------|--------------------|---------|--------|--------------|
| Eucharistic Minister | Choir | Music Group | Cleaner | Flowers | Reader | Altar Server |
| Catechist | Welcomer at Mass | Sacristan | Children's Liturgy | | | |

Any other information (e.g. Other relatives in the Parish including details)