

REGISTRATION FORM

Surname:	Forename of Main Contact:
Address:	Tel. No.
Post Code:	Mob. No.
	e-mail:

List all members of household (Main Contact first)					
Title <small>Mr/Mrs/Ms Miss/Other</small>	Forename	Sex <small>(M/F)</small>	Confirmed <small>(Y/N)</small>	Religion <small>(If not RC)</small>	D.O.B. <small>(If under 18)</small>

If you live alone, please provide Next of Kin details so that the Parish Priest has someone to contact in the event of your sickness or death	
Name:	
Address	
Tel. No.	Relationship:
Does any member of your family have any special needs or disabilities?	

If you do not require details of the Planned Giving Scheme, please write "NO" in the adjacent box	
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Please circle if you wish to assist with any of the following: Mass Reading / Mass Music / Eucharistic Ministry / Transport to Mass Flower Arranging / First Aider / Steward / Other (please give details)
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Information you provide will be held in accordance with the Data Protection Act 1998 and be used for Diocesan and Parish purposes only. It will not be disclosed to any third party, unless required by law, without your prior consent.

Thank you for completing this form. Please return it to the Parish Office