



# MOTHER OF MERCY PARISH CENSUS/REGISTRATION FORM

9 BOWMAN STREET, HENDRA | POSTAL ADDRESS: PO BOX - 3109, HENDRA QLD 4011

Phone: 32683040, Email: hendra@bne.catholic.net.au

**Disclaimer:** The information gathered will be used to update our Parish Data System. This information will be treated confidentially and not passed on to any third party as per our Privacy Policy.

**(PRINT CLEARLY IN CAPITAL LETTERS)**

## FAMILY DETAILS

FAMILY NAME: \_\_\_\_\_  
 RES ADDRESS: UNIT/STR NO: \_\_\_\_\_ STREET \_\_\_\_\_  
 SUBURB: \_\_\_\_\_ POST CODE: \_\_\_\_\_

*(only if different from Residential address)*  
 POSTAL ADDRESS: UNIT/STR NO: \_\_\_\_\_ STREET \_\_\_\_\_  
 SUBURB: \_\_\_\_\_ POST CODE: \_\_\_\_\_

Envelope No: \_\_\_\_\_  
 Registration Date: \_\_\_\_\_  
 ID # \_\_\_\_\_  
**Office Use only**

PHONE NO: \_\_\_\_\_ MOBILE PHONE NO: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

	Member 1		Member 2	
Title & First Name: (Mr & Mrs, Dr & Mrs etc.)				
Family Surname & (Female Maiden Name)				
Marital Status (Single, Married, Divorced, Widowed, Second Marriage)				
Preferred Name				
Date of Birth (dd/mm/yyyy)	____/____/____	____/____/____	____/____/____	____/____/____
Country of Birth				
Religion				
Gender and Status <i>(circle)</i>	Male/Female	Living/Deceased	Male/Female	Living/Deceased
Ethnicity				
Occupation				
Employer				
Work Phone/Mobile No:				
<b>Holy Mass attended</b> <i>(circle)</i> <b>OLHC</b> Sat 5.30pm/Sun 9.30am/Sun 6.00pm/ <b>St John</b> ' 8.00am / <b>St Cecilia's</b> Sat 5.30pm/Sun 8.30am				
<b>Sacraments Received:</b>  <i>Please write the Church, Place and date if known.</i>	Baptism	<input type="checkbox"/>		<input type="checkbox"/>
	First Communion	<input type="checkbox"/>		<input type="checkbox"/>
	Reconciliation	<input type="checkbox"/>		<input type="checkbox"/>
	Confirmation	<input type="checkbox"/>		<input type="checkbox"/>
	Marriage	<input type="checkbox"/>		<input type="checkbox"/>
Was marriage witnessed by a Catholic Priest?	<input type="checkbox"/>			<input type="checkbox"/>
Emergency contact / next of kin <i>(Name and Phone number)</i>				

Do you currently contribute to the Parish via the Weekly offering Envelopes?	Yes/No
If you were not contributing would you like to join in the Planned Giving System to the Parish?	Yes/No
Your new Weekly/Monthly/Quarterly/Yearly Pledge	\$ .....
Would you like to use our Envelope System?	Yes/No
Would you like to use * Direct Debit System?	Yes/No
Are you involved in any Parish Ministry? Yes/No. specify:	
<b>Are you or your spouse interested in participating in any of the ministries of our Parish?</b>	Yes/No
Readers (Weekend)	<input type="checkbox"/>
Gift bearers (Offertory)	<input type="checkbox"/>
<i>Please where appropriate.</i> Special Ministers of Holy Communion	<input checked="" type="checkbox"/>
Choir	<input type="checkbox"/>
Collectors	<input type="checkbox"/>
Sacristan	<input type="checkbox"/>
Flower arrangement	<input type="checkbox"/>
Liturgy Committee	<input type="checkbox"/>
Parish Council	<input type="checkbox"/>
Finance Council	<input type="checkbox"/>
Cleaners	<input type="checkbox"/>
Garden/Maintenance	<input type="checkbox"/>

\* Automatic Direct Debit is recommended to support parish activities by deducting your contribution from your savings, cheque or credit account on a nominated date. The Parish office will provide you with an authorization form, if you choose the automatic direct debit option.  
 For enquiries, please call the Parish Finance Secretary Mrs Helen Price on Thursday 9.00am - 1.00pm. Ph: 3268 3040.

**PLEASE COMPLETE THIS PART OF THE CENSUS IF YOU HAVE DEPENDENT CHILDREN/ OTHERS LIVING WITH YOU AT HOME.**

		Member 3		Member 4		Member 5		Member 6		Member 7	
Full Name											
Date of Birth (dd/mm/yyyy)		____/____/____		____/____/____		____/____/____		____/____/____		____/____/____	
Country of Birth											
Mobile Number											
Email Address		____@____		____@____		____@____		____@____		____@____	
Gender & Religion		Male/Female		Male/Female		Male/Female		Male/Female		Male/Female	
Role in the Family	Status	Living/Deceased		Living/Deceased		Living/Deceased		Living/Deceased		Living/Deceased	
Workplace/School											
Year											
Occupation											
Work Phone											
Ethnicity											
<b>Marital Status:</b>	Married	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<i>Please where appropriate.</i> <input checked="" type="checkbox"/>	Single	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Widowed	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Divorced	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Separated	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Sacraments received: Baptism</b>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Please write the Church, Place and approximate date if known.</b>	First Holy Communion	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Reconciliation	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Confirmation	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Marriage	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Are you interested to be involved in any of the Church ministries?</b>		Yes/No		Yes/No		Yes/No		Yes/No		Yes/No	
Church Choir		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Altar Servers		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Gift bearers (Offertory)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Readers (Weekend)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

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