

Our Lady of the Rosary Parish, Kellyville

Parishioner Census Form

Under the Pastoral Care of the Friars Minor Conventual 8 Diana Avenue (P.O. Box 21), Kellyville, NSW 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 parish records and planning for future requirements and activities.

PLEASE PRINT IN BLOCK LETTERS

Family Name: _____ Languages spoken at home (other than English): _____ Today's Date: _____

Home address: _____ Home telephone: _____

Your Mobile: _____ Your Spouse's Mobile: _____ Maiden Name: _____

Your 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 Ministry to the sick Counting money Lector Care Group Choir/Musician Extraordinary Minister of Communion Youth
- I would like a priest to bless our house.

Starting with yourself, please tell us the members in your family:

Title	Given Names	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
			<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: ____/____ Amount per month for Church \$____ and for Priests \$____

Card Number: CVV:

Print cardholder name: _____ Signature: _____