



# Holy Name Catholic Parish

DIOCESE OF BROKEN BAY

35 Billyard Avenue Wahroonga 2076

Web | [www.holynamewahroonga.com.au](http://www.holynamewahroonga.com.au)

## FAMILY REGISTRATION FORM

Please use block letters (N.B. People who are living at the same address, but who are not related, please complete separate forms. Kindly return to the

<b>FAMILY SURNAME</b>		
<b>RESIDENTIAL ADDRESS</b>		<b>POSTCODE</b>
<b>POSTAL ADDRESS</b>		<b>POSTCODE</b>
<b>EMAIL CONTACT (S)</b>	Mr) Mrs)	
<b>MOBILE NO (S)</b>	Mr)	<b>HOME PHONE</b>

## FAMILY MEMBER INFORMATION

All Family Members Christian Names (*)	Title Mr, Mrs, Miss, Ms	Relationship ie Spouse Son Daughter	Sacraments received - please tick and record date if possible					Religion	D.O.B.	Occupation or Name of School & Class of Child
			Baptism	Confirm.	Recon.	Commun.	Marriage			



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## FAMILY REGISTRATION FORM (continued)

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If you would like to contribute to our Parish, please supply your Credit Card details. Monthly contributions are deducted on or around 15th of the month. This arrangement can be amended/cancelled at anytime by contacting the Parish Office on 9489 3221. Alternatively, you may request a set of weekly envelopes through the Parish Office.

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Card Number:       -       -       -       -

Expiry Date:   /

1st Collection: \$ \_\_\_\_\_

The 1st Collection taken up at Mass goes to the Clergy Remuneration Fund for the financial support of the priests.

2nd Collection: \$ \_\_\_\_\_

The 2nd Collection taken up at Mass is for the upkeep and everyday running of the Parish.

Total Per Month: \$ \_\_\_\_\_

Thank you for your generosity to our Parish.

I would like to receive  information by email or by text  message