

Holy Name Catholic Parish

DIOCESE OF BROKEN BAY

35 Billyard Avenue Wahroonga 2076 Web | www.holynamewahroonga.com.au

Email | Holyname@bbcatholic.org.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 Parish Office when completed. Thank you.

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

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							Occupation or
				Baptism	Confirm.	Recon.	Commun.	Marriage	Religion	D.O.B.	Name of School & Class of Child

All Family Members	Title	Relationship ie Spouse	Sacraments received - please tick and record date if possible							Occupation or
First Names (*)	Mr, Mrs, Miss, Ms	Son Daughter	Baptism	Confirm.	Recon.	Commun.	Marriage	Religion	D.O.B.	Name of School & Class of Child
If would like to contribute to our Parish, please supply your Credit Card details (Visa or Mastercard only). 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.										
	Signature: Expiry Date: /									
1st Collection: \$ per month The 1st Collection taken up at Mass goes to the Clergy Remuneration Fund for the financial support of the priests. 2nd Collection: \$ per month 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.										