



# St. Patrick's Parish, Gosford

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## CENSUS FORM 2021

People living at the same address who are not related should fill out separate forms. This information is treated as confidential.

FAMILY NAME:		POSTAL ADDRESS
		Postcode:
HOME PHONE NO:	Silent: Yes/No	RESIDENTIAL ADDRESS:
Work Phone No:    Father:	Mother:	Postcode:
EMAIL ADDRESS:	ETHNIC ORIGIN:	LANGUAGE[S] SPOKEN: [Other than English]

PEOPLE LIVING AT THIS ADDRESS

Date Completed: \_\_\_\_\_

Working with Children Check No: \_\_\_\_\_ Exp: \_\_\_\_\_

Christian Names	Relationship of others to you	Sacraments Bapt    Euch    Confm			Religion	Date of Birth	Occupation School & Class	Maiden Name
	SELF							

PARISH OF ST PATRICK'S, GOSFORD WITHIN THE DIOCESE OF BROKEN BAY  
PRIVACY POLICY NOTICE

The information provided is collected and handled in accordance with the Catholic Diocese of Broken Bay's Privacy Policy available on the Diocese and Parish websites.

Please tick the relevant boxes if you or any of your family ARE ALREADY INVOLVED in the following ministries: OR Please cross if you would like to be contacted to become involved in any of these ministries.

- Altar Society**  
Name:.....
- Altar Servers**  
 St. Patrick's       Somersby  
Name:.....
- Baptismal Preparation Team**  
Name:.....
- Bus Drivers** [Light Rigid Licence]  
Name:.....
- Catechists**  
Name:.....
- Children's Liturgy**  
Name:.....
- Choir**  
Name:.....
- Commentators**  
 St. Patrick's       Somersby  
Name:.....
- Counters**  
Name:.....
- Eucharistic Minister**  
• Name:.....
- Family and Couples Group**  
• Name:.....

- Hospital Visitation** [Friday or Sunday  
Name:.....
  - Musicians / Choir / Singers**  
Name:.....
  - Parish Council / Finance Committee**  
Name:.....
  - Readers**  
 St. Patrick's       Somersby  
Name:.....
  - Sacramental Programmes**  
Name:.....
  - St. Vincent de Paul Society**  
Name:.....
  - Senior Servers**  
Name:.....
  - Seniors' Ministry**  
Name:.....
  - Welcomers' Ministry** [Handing out the Bulletin before Mass]  
Name:.....
- I would like to support my parish by giving to the Planned Giving System by either having:
- a. Envelopes sent to me which I may place on the plate at Mass.    Yes   
    Please include a monthly CWF Envelope giving me 100% tax rebate:
  - b. Donating monthly by credit card [this is deducted on 3<sup>rd</sup> Monday mthly]:
- Card Type:    Visa / Mastercard [please circle]    Name:.....
- Card Number: .....    CVN: .....    Expiry.....