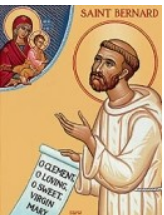
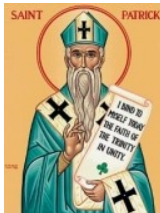


# FAMILY REGISTRATION FORM



KU-RING-GAI CHASE  
CATHOLIC PARISH  
Diocese of Broken Bay, Australia

## WELCOME TO OUR PARISH

KU-RING-GAI CHASE CATHOLIC PARISH  
Pastoral Centre P: (02) 9456 2450  
Pastoral Centre: 1-19 Woodcourt Road, Berowra Heights  
PO Box 335 Berowra Heights 2082  
E: parishkccp@bbcatholic.org.au www.bbcatholic.org.au/kccp

Clergy  
Rev Dr Biju Jose OSH (Parish Administrator)  
Fr Joy Thomas OSH (Assistant Priest)

### Ku-ring-gai Chase Catholic Parish Planned Giving Program

Ku-ring-gai Chase Catholic Parish  
PO Box 335 Berowra Heights NSW 2082

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Present envelope number (if applicable): \_\_\_\_\_

#### I UNDERSTAND THAT I MAY REVISE MY OFFERING AT ANY TIME AS I SO DESIRE

I promise: Monthly by credit card \$ \_\_\_\_\_

To contribute monthly by credit card please tick box

and complete the section opposite  (TICK HERE)

Please tick box if this is a change to a previous authority

(TICK HERE)

#### STANDING AUTHORITY FOR RECURRENT PERIODIC PAYMENT BY CREDIT CARD

Credit Card (Please Tick)

MasterCard  VisaCard

Cardholder

Name: \_\_\_\_\_

Credit Card Number:

Expiry Date:  /

Description of Goods/Services: Provision of Church and other parish facilities

Monthly Amount \$ \_\_\_\_\_

#### TO: Ku-ring-gai Chase Catholic Parish (the Merchant)

I hereby authorise the Merchant to debit my credit card account with the amount and at the intervals specified above. In the event of any change in the amount of payment required. I will request the authority to be altered from the appropriate date in accordance with such change. This authority shall stand, in respect of the above specified card and in respect of any card issued to me in renewal or replacement thereof, until I notify the Merchant in writing of its cancellation. I understand that this authority may be cancelled in writing at my discretion.

Cardholder's

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

# KU-RING-GAI CHASE CATHOLIC PARISH FAMILY REGISTRATION FORM

*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.*

Why fill out this form?

- Facilitates retrieval of Church documents, certificates, etc.
- Simplifies applications for baptisms, sacramental programmes, weddings.
- Enables prompt replies to requests for school references, letters of introduction.

PLEASE USE BLOCK LETTERS *People living at the same address who are not related should fill out separate forms.*  
 DETAILS OF EACH PERSON LIVING AT THIS ADDRESS *Include surname. All information below is treated as confidential.*

FAMILY NAME:				MAIDEN NAME: (if applicable):					
RESIDENTIAL ADDRESS:				POSTAL ADDRESS: (if applicable)					
EMAIL ADDRESS::				MOBILE:			LANDLINE:		
ALL FAMILY MEMBER NAMES <i>[please include surname]</i>	SINGLE MARRIED WIDOWED	Religion	SACRAMENTS RECEIVED:					BIRTH DATE	Occupation or School and Class
			Baptism	Eucharist	Recon.	Confirm.	Marriage		

If you would like more information about how you can support your parish financially by using envelopes, credit card deductions or direct debit please tick

If you have already decided to help support your parish financially by credit card deductions or direct debit, please complete the authority on the reverse side of this form.

Planned giving via monthly <b>CREDIT CARD</b> deductions. (Most cost effective way for our parish, Authority form on back of this form completed) YES / NO Giver Number: (office use only):	Please provide a set of <b>PLANNED GIVING</b> envelopes (please circle your choice) YES / NO Envelope Number: (office use only)
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Information gained from this form helps the Parish formulate statistical data as well as meeting the needs of the local community.  
 This form is for people living at the same address who are related to each other. People not related need to fill our separate forms.