

# The Catholic Parish of EPPING and CARLINGFORD



## PARISHIONER INFORMATION FORM

#### **COMMUNITY:**

**FAMILY SURNAME/LAST NAME:** 

Please complete this form by filling out all the details as requested. The following information when received will be entered into the Parish data system. This information is **strictly confidential and subject to the privacy legislation**. Please hand in the completed form in at the Parish Office (Epping), emailing it (parish@eppcarl.org.au) or placing in in the letterbox in the door of the verandah to the old school building (at Epping) or in the letterbox in the meeting room (at Carlingford).

	· <del></del>	
PERSON COMPLETING FORM:		
FAMILY ADDRESS:		
PHONE:	SILENT	
MOBILE:		
EMAIL:		
NATIONALITY:		
LANGUAGE/S SPOKEN:		

Catholic Parish of Epping & Carlingford Our Lady Help of Christians' Church 29 Oxford Street, Epping NSW 2121 Postal: PO Box 369 Epping NSW 1710 Tel: 02 9876 2853 Fax: 02 9868 5413 Email: parish@eppcarl.org.au Catholic Parish of Epping & Carlingford St Gerard Majella's Church 543 North Rocks Road, Carlingford NSW 2118 Postal: PO Box 369 Epping NSW 1710 Tel: 02 9876 2853 Fax: 02 9868 5413 Email: parish@eppcarl.org.au People living at this address

[Hover cursor over field to see description]

REQUIRED	SELF	PERSON 2	PERSON 3
SURNAME			
CHRISTIAN NAME/S			
PREFERRED NAME			
MAIDEN NAME (if applicable)			
RELATIONSHIP to you	SELF		
DATE OF BIRTH			
OCCUPATION			
RELIGION			
MARITAL STATUS			
SACRAMENTS RECEIV	VED / DATE		
BAPTISM			
CONFIRMATION			
RECONCILIATION	V		
EUCHARIST			
MARRIAGE			

## **NOTES:**

- (1) Preferred Name the name usually used/known as.
- (2) Relationship to you Spouse/Child/Relative/etc.
- (3) Occupation Adults: work; Young Adults: Uni/TAFE; Children: School/Class
- (4) Sacraments received Tick if Yes and date (if known)

People living at this address (continued) [Hover cursor over field to see description]

PERSON 4	PERSON 5	PERSON 6	PERSON 7

### PARISH FINANCES

We hope that you are willing to support the life and ministry of the parish by a regular contribution to the Second Collection. ideally you may be able to do this by Direct Debit or automated credit card payment, which saves you the worry of remembering and brings the parish the advantage and increased security of having to hadle less cash

Alternatively, you may wish to contribute on a quarterly, half-yearly or yearly basis. If you prefer this method, we will send you a reminder letter at the appropriate times, which you simply return with your contribution (by either cheque or credit card payment).

Finally, there is the option of contributing on a weekly basis by having a set of weekly envelopes.

I would like to contribute to the parish financially.

If 'Yes', by the following method:

[Contributions to the *First Collection*, which supports the priests of the parish, are simply made by placing cash on the first collection during Mass.]

#### Note:

For Direct Debit or credit card payments, the forms may be downloaded from the parish website, or forms can be forwarded to you from the Parish Office.

For contribution via weekly envelopes, a set of envelopes may be collected from the sacristry or will be forwarded to you as soon as possible by mail.

## **Privacy Declaration**

The information given in this form will be entered into the Parish Data System. The information may be used for Parish purposes as contact information. This information will not be passed on to groups or individuals outside the Church.

I have no objection to my details being used within the Parish Community.

Date	Signature:  [Type name as signature if submitting form via internet]		
Office Use Only Entered in PACS on	Passed to PPW on		
Notes:			