**St Joseph’s & St Edmund’s Parish Registration Form**

**Main Form - 1 per Household**

***PLEASE PRINT IN CAPITAL LETTERS. PLEASE TICK ✓ THE APPROPRIATE BOXES.***

**1 Home Address**

|  |
| --- |
|  **Postcode:** |
| **Home Contact Telephone No:** |

**2a 1st Adult**

|  |  |  |
| --- | --- | --- |
| **TITLE:** | **SURNAME:** | **FIRST NAME/S:** |
| **Date of Birth:** | **🞏 Male 🞏 Female** |
| **Marital status:** | **Date of Marriage:** |
| **Mobile phone No:** | **Email:** |
| **Date joined Parish:** | **Religion:** |
| **Languages spoken:** | **Occupation:** |
| **Church usually attended: 🞏 St Joseph’s 🞏 St Edmund’s** | **Mass usually attended:** |

**2b 2nd Adult**

|  |  |  |
| --- | --- | --- |
| **TITLE:** | **SURNAME:** | **FIRST NAME/S:** |
| **Relationship to 1st adult;** |
| **Date of Birth:** | **🞏 Male 🞏 Female** |
| **Marital status:** | **Date of Marriage:** |
| **Mobile phone No:** | **Email:** |
| **Date joined Parish:** | **Religion:** |
| **Languages spoken:** | **Occupation:** |
| **Church usually attended: 🞏 St Joseph’s 🞏 St Edmund’s** | **Mass usually attended:**  |

***IF THERE ARE MORE ADULTS LIVING AT THE ABOVE ADDRESS, PLEASE FILL IN ADDITIONAL FORM.
Please indicate how many Additional Forms used: …………….***

**For Office Use Only**
Date received …………………………………….. Date entered in register…………………….. By……………………………………..
Forwarded to Gift Aid Coordinator……………………. Added to Newsletter…………………………. Ministry sheet sent ………………………….

**3 Children UNDER 18 in your Household**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First name/s** | **Surname** | **Male/****Female** | **Date of Birth** | **Date Baptised** | **Date 1st Communion** | **Date Confirmed** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**4 Additional Needs**

**Does anyone in your household wish to receive Holy Communion in the home due to any special needs?
If Yes, please give more details.**

**………………………………………………………………………………………………………………………………………………..**

**5 Financial Contribution**

**Our parish depends entirely upon the generosity of our parishioners for which we are truly grateful.
Regular payments by Standing Order help us budget for our financial year.
If you are a Tax Payer you can Gift Aid your offering to the Parish and the Parish can recover the tax you have already paid. This increases the value of your gift by 25% at no extra cost to you.**

**a) Standing Order Donations**

**🞏 Already do so 🞏 Would like to receive information**

**b) Gift Aiding Your Donations**

**🞏 Already do so 🞏 Wish to sign a Gift Aid Declaration Form 🞏 Would like to receive information**

**6 Parish Newsletter**

**I would like to receive the Parish Weekly Newsletter by email sent to the address on the front of this form 🞏**

**7 Getting Involved?**

**We are blessed with many groups and ministries in the Parish that are always in need of more volunteers. Are we called to do more? Could you consider helping?**

**🞏 Already involved 🞏 No time to be involved yet 🞏 Would like a sheet of parish ministries to consider**

***Are you happy to be contacted by the parish office?* 🞏 Yes 🞏 No
 If Yes, what is the preferred way? 🞏 Phone 🞏 Email 🞏 Post 🞏 SMS**

***THANK YOU FOR COMPLETING THIS FORM.* Please hand it to a Welcomer after a Mass or leave it in the collection box or put through the Parish Office letter box.**

**All information is treated in confidence. We comply with the Data Protection Act and no information will be passed to third parties without prior permission. By completing this form, you agree that the above information can be entered in the Parish records. It will be used only to help with pastoral care and the appropriate administration of the Parish and Diocese. You may come off the list at any time by contacting the Parish Office. Portsmouth Roman Catholic Diocese Trustees Registered – Charity No. 246871**

**Name…………………………………………………. Signature………………………………………… Date………………**