ST THOMAS MORE CATHOLIC PARISH

Parish Registration Form

Names of adults in household (please print clearly)

1] _____

2] _____

3] _____

4] _____

Address: _____

_____Post Code:_____

Phone number(s): _____

Email address: _____

Names and year of birth of children:

1] _____

2] _____

3] _____

4] _____

Would you like to make your financial contributions to the Parish by Standing Order? **YES/NO**

Have you done any ministry or volunteer work in previous years or parishes where you have lived, and if so, please specify?

_____

_____

Whether you have or not, might you be willing and able to spare some time to helping in the Parish and, if so, have you an idea of what time you might have and what area(s) you might be able to help in?

_____

_____

_____

Data Protection: The details you have given will be stored and used by the Parish for its internal administrative and organisational purposes. They will not be shared with anyone outside the Parish.

I confirm that all individuals who information is provided here have agreed for it to be given to the Parish.

SIGNED: _____

PRINT NAME: _____

Date: _____