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| **Your Relationship with the Parish** | 🞎 Registered Member 🞎 Visitor |
| **Regular Weekend Mass (Day/Time/Location)** |  |

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| --- | --- | --- |
| **Parent / Adult Information** | **Person 1** | **Person 2** |
| **Title** |  |  |
| **First Name** |  |  |
| **Last Name** |  |  |
| **Gender** |  |  |
| **Date of Birth** |  |  |
| **Email Address** |  |  |
| **Home Phone Number** |  |  |
| **Mobile Phone Number** |  |  |
| **Address** |  |  |
| **Religion** |  |  |
| **Language other than English** |  |  |

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| **Children Information** | **Person 1** | **Person 2** | **Person 3** | **Person 4** |
| **First Name** |  |  |  |  |
| **Last Name** |  |  |  |  |
| **Email** **(if over 18)** |  |  |  |  |
| **Gender** |  |  |  |  |
| **Date of Birth** |  |  |  |  |
| **Religion** |  |  |  |  |
| **Language other than English** |  |  |  |  |

 Note: Additional children can be added to the back of the form.

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***Whether you can help once a week, once a month, or whenever your schedule allows, your time and effort will make a meaningful difference.***

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| **Wish to be Involved** |  | **Ministries & Roles** |
| **YOUR FIRST NAME:** |  | **Faith Education/Formation** |
|  |  | Rite of Christian Initiation of Adults |
|  |  | Rite of Initiation of Teens |
|  |  | Sacrament Preparation of Children |
|  |  | Adult Education |

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| **YOUR FIRST NAME:** |  | **Liturgy** |
|  |  | Liturgy Committee |
|  |  | Greeting & Hospitality—Morning Tea |
|  |  | Altar Server  |
|  |  | Reader |
|  |  | Children's Family Mass |
|  |  | Extraordinary Communion Minister |
|  |  | Music / Choir |
|  |  | Communion to the Sick |
|  |  | Sacristan or Liturgy organizer |
|  |  | Mass Co-ordinator |
|  |  | Audio-visual technician  |

Do you participate in our parish planned giving program? 🞏 Yes 🞏 No If No, would you like to 🞏 Yes 🞏 NoIf yes, would you like to participate via 🞏 envelopes 🞏 Direct Debit 🞏Credit Card |

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| **YOUR FIRST NAME:** |  | **Pastoral Life of Parish** |
|  |  | Pastoral Council/Finance Council |
|  |  | Community Council Rep |
|  |  | Care & Concern |
|  |  | St Vincent de Paul |
|  |  | Youth |
|  |  | Parish Groups |
|  |  | Community Activities |
|  |  | Safeguarding Officer |
|  |  | Prayer or Scripture Group |

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| **YOUR FIRST NAME:** |  | **Care of Church/Property** |
|  |  | Cleaning |
|  |  | Laundering of Church linen |
|  |  | Maintenance & Gardening |

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| **YOUR FIRST NAME:** |  |  |
|  |  | First Aid Officer |
|  |  | Offering Skills of tradie, office work,  |
|  |  | Web / Social media |
| **Other** *(please specify)* |  |  |

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