

# Mary Queen of Apostles Parish

PO Box 11  
 Goulburn NSW 2580  
 Ph: 02 6239 9863  
 email: [goulburn@cg.org.au](mailto:goulburn@cg.org.au)

**N.B. All information will be treated confidentially**

## Parish Census/New Parishioner

*Our Catholic Parish aims to be a caring and prayerful community committed to outreach and service, where each person is valued and their gifts encouraged.*



**PLEASE PRINT CLEARLY**

Office Use Only	
Date Registered	Envelope No.
_____	_____

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

First Name: \_\_\_\_\_ Mr Mrs Miss Ms (Please Circle)

Address: \_\_\_\_\_  
 \_\_\_\_\_ Post Code: \_\_\_\_\_

Mailing Address: (If different) \_\_\_\_\_  
 \_\_\_\_\_ Post Code: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Silent  Listed

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Language(s): (Spoken other than English) \_\_\_\_\_

Marital Status: Engaged  Single  Married  Divorced  Widowed

**PLEASE LIST ALL PEOPLE LIVING AT THE ABOVE ADDRESS**

Christian Name	Relationship of others in household to you	Sacrament received (please tick)			Religion	Date of Birth	Occupation or School & Class	M/F
		Bap	Euch	Conf				
1.								
2.								
3.								
4.								
5.								
6.								

Which Mass do you usually attend? Vigil 6pm  Sunday 7am  Sunday 10am   
 Country Mass \_\_\_\_\_

Ministry	Name of Person 1	Name of Person 2	Name of Person 3
<b>MASS MINISTRIES:</b> <i>If you would like information about any ministry, please contact the Parish Office.</i>			
	Current / interested	Current / interested	Current / interested
•Senior Server 6pm <input type="checkbox"/> 7am <input type="checkbox"/> 10am <input type="checkbox"/> Other <input type="checkbox"/>			
•Altar Server 6pm <input type="checkbox"/> 7am <input type="checkbox"/> 10am <input type="checkbox"/> Other <input type="checkbox"/>			
•Children's Liturgy of the Word 10am Sunday. Leader <input type="checkbox"/> Assistant <input type="checkbox"/>			
• Minister of the Eucharist 6pm <input type="checkbox"/> 7am <input type="checkbox"/> 10am <input type="checkbox"/>			
•Music Ministry Indicate instrument			
•Offertory 6pm <input type="checkbox"/> 7am <input type="checkbox"/> 10am <input type="checkbox"/> Other <input type="checkbox"/>			
•Readers 6pm <input type="checkbox"/> 7am <input type="checkbox"/> 10am <input type="checkbox"/> Other <input type="checkbox"/>			
•Greeters (at Mass) 6pm <input type="checkbox"/> 7am <input type="checkbox"/> 10am <input type="checkbox"/> Other <input type="checkbox"/>			
<b>ENVIRONMENT:</b>			
•Sacristan Flowers			
•Maintenance (linens, vestments polishing brass etc.)			
•Grounds/Buildings (Maintenance gardening, etc.)			
Covid- name recorder or cleaner			
<b>CARING GROUP:</b>			
•Welcomers (to make contact to new Parishioners)			
Visiting sick/aged/dying			
Supply transport to Mass 6pm <input type="checkbox"/> 7am <input type="checkbox"/> 10am <input type="checkbox"/>			
Communion to the sick and housebound in homes <input type="checkbox"/> Nursing Homes <input type="checkbox"/>			
<b>LITURGY COMMITTEE:</b>			
Catechist- public schools			
RCIA:			
Sacramental Team:			
Write Prayers Faithful-roster			
Grief & Bereavement team:			
<b>PRAYER SUPPORT:</b>			
Adoration Roster Fri. 3pm			
Legion of Mary Wed. 2pm			
Gospel Reflection Wed. 11am			
<b>GROUPS:</b>			
Craft OLOF Mtg Rm Wed.1.30pm 1 <sup>st</sup> / 3 <sup>rd</sup> / 5 <sup>th</sup> Wed month			
Hospitality/ Social			
Youth Group			
Counters/ Banking			

***ROSTERS WILL RE -COMMENCE AS COVID REGULATIONS ALLOW .***

Do you wish to withdraw from a ministry that you are currently involved with? If yes, which group?

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Are you a group co-ordinator? Indicate which group. This will assist us in getting a group list to you as soon as possible.

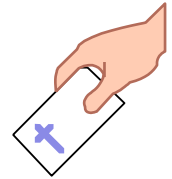
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Would you mind having your name and phone number inserted on Parish rosters etc? Yes  No

Do you have any expertise that you can offer the life of the Parish that is not covered in this form?

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**PLANNED GIVING**



Please tick your preferred method of giving, explanations given below.

- Option 1: Direct Debit  (sheet attached to complete)  
Option 2: EFT  please have a ref.no from office  
Option 3: Envelopes

Office Use Only	
Date Registered	Envelope No.
_____	_____

**Option 1: ENVELOPES**

New Giver  OR Existing Giver

I will try to give the amount shown below as a regular and sacrificial offering during the coming financial year. Should circumstances change, I understand that I am free to reduce or increase my donation.

Weekly / f-night Donation \$ \_\_\_\_\_ OR Quarterly/Monthly/Yearly (please circle) \$ \_\_\_\_\_

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

**Option 2: EFT**

**Goulburn Parish BANKING DETAILS for the 1<sup>ST</sup> (Clergy) & 2<sup>nd</sup> (parish) collections**

EFT details- which you set up in online banking-

1<sup>st</sup> collection- Central presbytery EFT- BSB 062 786 ACC 000029248 Ref: Gln.+ (Surname)

2<sup>nd</sup> collection- Parish MQA BSB062 786 EFT- ACC 000014927 Ref: pg+ (env no or Surname)

Please note that these numbers will not work at a branch.

DD \*Over the counter depositing at a bank branch

1<sup>st</sup> Collection- BSB: 062-902 Account Number: 00903419 Reference: 80091 + surname (is fine)

2<sup>nd</sup> Collection- BSB: 062-902 Account Number: 00903419 Reference: 14927 + pg no + (surname)

**Option 3: DIRECT DEBIT FROM YOUR BANK ACCOUNT**

- If you currently contribute through direct debit facility and are happy with your current contribution you do not need to do anything.
- If you wish to commence planned giving dd contributions please fill in the form overleaf and return to Parish Office
- If you wish to change or cancel your existing direct debit arrangements please contact the Parish Office 62399863.

Please complete this form and return to the office.

Form: F020.2 Completed form must be returned to the parish. The form will then be forwarded to the CDF.

**DIRECT DEBIT REQUEST**



Catholic Development Fund

SECOND COLLECTION

**MARY QUEEN OF APOSTLES PARISH, GOULBURN – PARISH A/C 7400s11**

Giver's Name (in full):

We request and authorise the **Catholic Development Fund** (User Identification No 025230) to arrange for funds to be debited from our account held at the financial institution identified with the amounts and at the frequency specified below.

Financial Institution: \_\_\_\_\_

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

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

BSB:       Account No.:

Amount: \$  Frequency: (Please tick) Weekly:

Fortnightly:

Commencement Date:  Monthly:

Other: 

Q	HY	Y
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note that the **CDF** will endeavour to debit your account on the nominated date. However, if this occurs on a public holiday, it might not be possible and the debit will occur on the next working day. *It is your responsibility to ensure that sufficient funds are in the account to cover the amount to be debited.*

Signature/s \_\_\_\_\_ Date \_\_\_\_\_

Signature/s \_\_\_\_\_ Date \_\_\_\_\_

(By signing this request, I/we acknowledge having read and accepted the terms and conditions on the attached *Service Agreement*.)

Parish Use:	Envelope No.:	
CDF Use:	CDF Authority No.:	

Catholic Development Fund, GPO Box 1887, Canberra ACT 2601  
Ph: 02 6239 9870 Email: cdf@cg.org.au

Thank you for taking the time to update your details. It is important at this time we have correct contact details on file.

Thank you for your continued support within the Parish. We are all a part of a wonderful Community, as we support each other through these changing times.

Any questions please contact the office.

Completed Forms can be placed in the central Collection Boxes or handed in at the door as you enter the church.

Fr Joshy  
Parish Priest