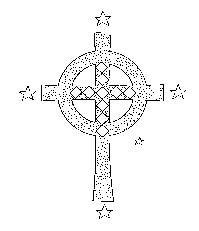
|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| All information is voluntary – If more than 5 persons use additional form Please note children’s date of birth is required for Sacramental record keeping. | **Person 1**  **Person filing out form** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Relationship to Person 1** | **Self** |  |  |  |  |
| **Surname if different from family name** |  |  |  |  |  |
| **Christian Names** |  |  |  |  |  |
| **Maiden Name** |  |  |  |  |  |
| **Date of Birth** |  |  |  |  |  |
| **Marital Status** |  |  |  |  |  |
| **Religion** |  |  |  |  |  |
| **Country of Birth** |  |  |  |  |  |
| **Ethnicity** |  |  |  |  |  |
| **Languages** |  |  |  |  |  |
| **Occupation** |  |  |  |  |  |
| **School & Class** |  |  |  |  |  |
| **Work Phone** |  |  |  |  |  |
| **Mobile** |  |  |  |  |  |
| **Email** |  |  |  |  |  |
| **Sacraments Received** | Baptism Confirmation  Eucharist Reconciliation  Marriage | Baptism Confirmation  Eucharist Reconciliation  Marriage | Baptism Confirmation  Eucharist Reconciliation  Marriage | Baptism Confirmation  Eucharist Reconciliation  Marriage | Baptism Confirmation  Eucharist Reconciliation  Marriage |



St Patrick’s

Parish Secretary

St Patrick’s Parish

PO Box 186

Cooma NSW 2630

PH: (02) 8331 7608

Parish Activities

**(Please tick any box(es) you are interested in)**

**BERRIDALE CHURCH**

|  |  |  |
| --- | --- | --- |
| Please indicate if interested to join ministries | Sat  6pm | Sunday  10am |
| Altar Linen Roster |  |  |
| Altar Server Ministry (Year 4 and above) |  |  |
| Children’s Liturgy |  |  |
| Parish Youth Group |  |  |
| Music Ministry: Organ |  |  |
| Church Cleaning Roster |  |  |
| Family Groups |  |  |
| Flowers Roster |  |  |
| Greeter/Usher at Mass |  |  |
|  |  |  |
| Parish Pastoral Council |  |  |
| **Planned Giving Programme** | **Envelope Number:** | |
| RCIA |  |  |
| Reading Ministry |  |  |
| Reading Ministry SJVW |  |  |
|  |  |  |
| Special Minister of Communion  (at Mass) |  |  |
| Special Minister of Communion  (to the Home) |  |  |
| Special Minister of Communion  (Hospital) |  |  |

Dear Parishioners,

We would like to include you in our Parish records.

Would you please fill in this form and return it to me or the parish office.

Sincerely in Christ,

Fr Mark Croker

Parish Priest

Telephone: 02 8331 7609 (m) 0428 190 759

Email: [cooma@cg.org.au](mailto:cooma@cg.org.au)

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PLEASE USE BLOCK LETTERS

People living at the same address who are not related should fill out separate forms.

**This form can be returned when you come to Mass, scanned and emailed or posted back to the presbytery**

***All information will be treated confidentially.***   
***Your details will become part of the records of the Parish and the Archdiocese, and will be stored and managed in compliance with our record-keeping obligations.***

**………………**

**Family Details**

Please print clearly

|  |  |
| --- | --- |
| FAMILY NAME |  |

|  |  |  |
| --- | --- | --- |
| PHONE |  | Silent  Yes/No |
| FAX |  | |
| Email |  | |

 Residential Address:

|  |  |
| --- | --- |
| Number and Street |  |
| Suburb &  Post Code |  |

Postal Address

|  |  |
| --- | --- |
| Line 1 |  |
| Suburb &  Post Code |  |

|  |  |
| --- | --- |
| Ethnicity |  |

|  |  |
| --- | --- |
| LANGUAGE(S) SPOKEN: OTHER THAN ENGLISH |  |