

Christ The King Parish, Taralga

PO Box 11
 Goulburn NSW 2580
 Ph: 02 6239 9863
 email: 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) _____

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? Taralga Vigil 6pm /5pm winter (May-Aug)
 Country Mass _____

Taralga Parish Saturday Vigil

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

ROSTERS WILL RE -COMMENCE AS COVID REGULATIONS ALLOW .

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

CHRIST THE KING PARISH, TARALGA – CHURCH A/C 615s11.1

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:

Monthly:

Other:

| | | |
|---|----|---|
| Q | HY | Y |
| | | |

Commencement Date:

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