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

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Office U Date Registered	Envelope No	
	8	

			Facility .				
Surname:							
First Name:	1			Mr	Mrs	Miss	Ms (Please Circle)
Address:						_	
	-				Post	Code:	
Mailing Addres	ss: (If different)						
Suburb:					Post	Code:	
Home Phone:			Silent 🗌 I	_isted \Box			
Mobile:							
Email:							
Language(s):	(Spoken other th	nan English) ₋					
Marital Status:	Engaged	Single ☐	Married 🗌	Divor	ced	Wid	lowed \square

PLEASE LIST ALL PEOPLE LIVING AT THE ABOVE ADDRESS

Christian Name	Relationship of others in household to you	re	crame eceive (please tick) Euch	d e	Religion	Date of Birth	Occupation or School & Class	M/F
1.							The second secon	
2.								
3.								
4.								
5.								
6.							North Co.	

Which Mass do you usually attend?	Taralga Vigil 6pm /5pm winter (May-Aug)	
	Country Mass	

Ministry	Name of Person 1	Name of Person 2	Name of Person 3
MASS MINISTRIES: If you	ou would like information abo Current / interested	out any ministry, please cor Current / interested	ntact the Parish Office. 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			r
•Greeters (at Mass)			
ENVIRONMENT:			
•Sacristan Flowers			
•Maintenance (linens, vestments polishing brass etc.)	Walter Transfer of the Control of th		
•Grounds/Buildings (Maintenance gardening, etc.)		/ -	
Covid- name recorder or cleaner			
CARING GROUP:			
•Welcomers (to make contact to nev	v Parishioners)		
Visiting sick/aged/dying	2.1		
Supply transport to Mass			
Communion to the sick and housebound			
in homes □ Nursing Homes□		- X	
LITURGY COMMITTEE:			
Catechist- public schools			
RCIA:			
Sacramental Team:			
Write Prayers Faithful-roster			
Grief & Bereavement team:		N	
PRAYER SUPPORT:			
Adoration Roster			
Legion of Mary Prayer Group			
GROUPS: Other?			
Hospitality/ Social			
Youth Group			
Counters/ Banking			

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



SECOND COLLECTION

025230) to an	nd authorise the Cath e range for funds to be on the amounts and at the	lebited from our accou	nt held at the fina	
Financial Inst		,		
Address:				
Account Nam	e:			
BSB:		Account No.:		
Amoun	t: \$	Frequency: (Please tick)	Weekly:	
			Fortnightly:	
commencemen			Monthly:	
Date	:: [Other:	Q HY Y
However, if thon the next w	nat the CDF will endea is occurs on a public h orking day. It is your re ver the amount to be d	oliday, it might not be personsibility to ensure	possible and the o	debit will occur
Signature/s			Date	
Signature/s			Date	
	s request, I/we acknowled ervice Agreement.)	dge having read and acc	epted the terms and	d conditions on
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