**OUR LADY OF THE ANGELS’ PARISH, CHERMSIDE**

**PARISH REGISTRATION FORM 2022**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | | |
|  | | Member 1 | Member 2 |
| Surname | |  |  |
| Title (Mr, Mrs, Ms, etc) | |  |  |
| First Name(s) | |  |  |
| Preferred Name | |  |  |
| Date of Birth | |  |  |
| Religion | |  |  |
| Occupation | |  |  |
| Languages Spoken | |  |  |
| Home Phone | |  |  |
| Mobile Phone | |  |  |
| Email | |  |  |

**Home Address**

|  |  |
| --- | --- |
| Address 1 |  |
| Address 2 |  |
| Suburb |  |
| Postcode |  |

**Mailing Address**

|  |  |
| --- | --- |
| Same as above? | Yes/No (If No, complete below) |
| Address 1 |  |
| Address 2 |  |
| Suburb |  |
| Postcode |  |

**Family Members –DEPENDENT children living with you**

|  |  |
| --- | --- |
| Name | Date of Birth |
|  |  |
|  |  |
|  |  |
|  |  |

**Other adults living with you**

|  |  |
| --- | --- |
| Name | Date of Birth |
|  |  |
|  |  |
|  |  |
|  |  |

**If you would like to contribute to the OLA Parish Planned Giving Programme, please complete details below.**

|  |  |  |
| --- | --- | --- |
| My contribution will be | $ | Per Week/ Per Fortnight/Per Month |

There are 3 options for your consideration

Please choose one: Tick Box

|  |  |  |
| --- | --- | --- |
|  | I will place my cash contributions in envelopes on the Collection Plate |  |
|  | I will contribute monthly by Credit Card |  |
|  | I will contribute by Direct Debit (preferably monthly or fortnightly) |  |

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |