

SAINT PHILIP HOWARD CATHOLIC PARISH REGISTRATION FORM

SURNAME _____

CHRISTIAN NAMES _____ PREFERRED NAME _____

Date of Birth _____ Place of Birth (City/Town/Country) _____

SACRAMENTAL DETAILS

Date of Baptism _____ Place (City/Town/Country) _____

Name of Church where Baptised _____ Was it a Catholic Church? Y / N _____ If not, what Christian Denomination was it? (e.g. Church of England, Methodist, Baptist, etc.) _____

Have you made your First Holy Communion in the Catholic Church? Y / N _____ Date (If you can remember) _____

Date of Confirmation _____ Place (City/Town/Country) _____

Name of Catholic Church of Confirmation _____

If baptised in a non-Catholic Church, when and where were you received into Full Communion with the Catholic Church?

Name of Parish _____ Place _____ Date _____

MARITAL STATUS (Please circle the appropriate answer) Single Married Widowed Separated Divorced

IF MARRIED: Place of Marriage (City/Town/Country) _____

Date of Marriage _____ Name of Church of Marriage (e.g. S Mary, S Andrew) _____

Was it a Catholic Church? Y / N _____ If not, what kind of church was it? _____

Name of Spouse _____ *Please turn over*

YOUR PRESENT ADDRESS:

_____ POST CODE _____

Telephone _____ FAX _____ Mobile _____

Email Address _____

NAME AND ADDRESS OF YOUR PREVIOUS PARISH

ACTIVITIES AND MINISTRIES

Have you been involved in Parish activities previously? Y / N

If "YES" what were they? _____

Have you ever been commissioned as a Reader, an Extraordinary Minister of the Eucharist, a Catechist? Y / N _

WHAT MINISTRY (MINISTRIES) _____

PARISH AND DIOCESE _____

ARE THERE GIFTS THAT WOULD YOU LIKE TO OFFER FOR USE IN THIS PARISH? _____

Your details will be kept secure on our parish records and only accessed by members of the Parish Pastoral Team. No one will be given your details without your specific permission