Parish Registration Form

Please print using BLOCK LETTERS. People living at the same address who are not related should fill out separate forms. This information will be treated as confidential. Please see the Privacy Notice below.

Family Name:	_ First Name:
Date of birth:	_
Family Name:	First Name:
Date of birth:	
Caraily Names	First Name of
Family Name:	
Date of birth:	_
Family Name:	First Name:
Date of birth:	_
Family Name:	First Name:
Date of birth:	
Home Phone No.:	_ Mobile No.:
Email Address 1:	_ Email Address 2:
Residential Address:	
	Post Code:
Postal Address:	
- Ostal Address.	
Number of people in the household:	Senior Citizens at residence:
Caregivers at residence:	
Number of school age children: School level of o	children: Infant Primary Secondary
How can w	ve assist you?
St Pat's has a number of parish groups that support our locals i here to serve and assist you and your family. Listed below are s community. Let us know if you would like a member of our par	ome of the groups that provide assistance in building a caring
☐ New to the parish introduction	☐ Transportation to senior citizens Monday bingo group
☐ Parents support and meeting groups/Mother's/Father's	lue Communion and visitation to the housebound
groups	☐ St Vincent De Paul assistance
☐ Aged Care assistance and Caregivers Support	☐ Been away? Welcome back home
☐ Children's liturgy	☐ Interested in finding out more about the Catholic faith?
☐ Transportation to and from church	
☐ How do you like to receive information from the church/par	rish?
Please circle answer: Fmail Facebook Website Prin	ated conv. other:

Parish Planned Giving Form

Donation by Credit Card

(30% tax deductable)



New Giver:	cisting Planned Giver: Envelope Number:	
Master Card: V	isa Card: Expiry Date: /	
Name on Card:	Please print	
Amount Authorised: \$	Weekly / Monthly: (please circle)	
Credit Card Number:		
I hereby authorise Catholic Parish of St Patrick's Mortlake to debit my credit card account with the weekly, monthly or other specified amount. This authority shall stand, in respect of the above specified card and in respect of any card issued to me in renewal or replacement thereof, until I notify the Catholic Parish of St Patrick's Mortlake in writing of its cancellation or change of amount (s). This Credit Card authority will cancel any previous authority I may have given to the Catholic Parish of St Patrick's Mortlake.		
Cardholder's Signature:	Date: / /	
Contact Number:		
Email:		
Please advise full name to whom receipts are to be issued:		
Bank Transfer Details:	St Patrick's Mortlake Parish BSB: 062784 Account Number: 100 000 520 Reference: Your Name	

Please return completed form to parish by:

- Dropping off to the parish office during the office hours on Tuesday and Friday's between 9am and 3pm;
- Mail: PO Box 145, Concord. NSW. 2137Email: parish@stpatsmortlake.org.au

Collection Notice Privacy:

The information requested by the Parish of St. Patrick's Mortlake in this registration form will be held in accordance with St. Patrick's Privacy Policy and the Australian Privacy Principles under the **Privacy Act 1988**. Census information may be disclosed to individuals, the Archdiocese of Sydney, and organisations performing functions on behalf of St. Patrick's. For more information contact the Parish Office (02) 9743 1017