

**ST. MOCHTA'S PARISH
REGISTRATION FORM**
(Please print your information clearly)

NAMES:
(Block Capitals Please)

ADDRESS:

.....POSTCODE:

HOME PHONE NO:MOBILE NO:

EMAIL:

CHILDREN'S NAMES

1. DOB: SCHOOL:

2. DOB: SCHOOL:

3. DOB: SCHOOL:

4. DOB: SCHOOL:

5. DOB: SCHOOL:

OCCUPATION:(Optional)

ARE YOU INVOLVED IN ANY MINISTRY OR GROUP? YES..... NO....

IF YES, WHICH GROUP/MINISTRY:

ARE YOU INTERESTED IN GETTING INVOLVED: YES..... NO....

IF YES, WHICH GROUP/MINISTRY?

DO YOU CONTRIBUTE TO THE PARISH
MONTHLY OFFERING? YES..... NO....

DO YOU WISH TO JOIN? YES..... NO....

PLEASE RETURN FORM TO FR. PAUL OR THE PARISH OFFICE

PRIVACY STATEMENT

The information contained in this form will be used to set up a file for you/your family on our Parish Database **We would like to let you know about different future events/celebrations taking place in the Parish.**

Are you happy that we use the contact information you have provided to do this? YES

Signature

Date