

PARISH OF OUR LADY OF THE IMMACULATE CONCEPTION
66, Main Highway, Ellerslie
Email: Office@ellersliecatholic.org.nz



PARISH REGISTRATION FORM

DATE OF APPLICATION: _____ **DATE ENTERED (office use):** _____

(Please use **BLOCK** letters)

FAMILY NAME:		FIRST NAME:	
Title:	Mr / Miss / Ms / Mrs / Dr.		
Current Address: **			
	Post Code:		
Contact/Mobile No:			
Email Address:			
Are you Catholic? *	YES / NO	DoB:	
		Marital Status:	
Occupation:			

* If you have circled YES, please TICK to confirm your baptism certificate will be supplied.

** If you have changed your address since originally enrolling in Parish, please provide former address:

SPOUSE NAME:		Title:	Mr / Miss / Ms / Mrs / Dr
Occupation:			
Are you a Catholic? *	YES / NO	DoB:	
Contact/Mobile No:			
Email Address:			

* If you have circled YES, please TICK to confirm your baptism certificate will be supplied.

FAMILY MEMBERS NAMES: (Children or other adults currently living at home)	Gender (M/F)	DoB (DD.MM.YY)	Baptized? (Y/N)	1 st Holy Communion? (Y/N)	Confirmed? (Y/N)

I / We, plan to support Parish through planned giving (Please mark X)

Loose Collection		Planned Giving Envelopes		Automatic Banking	
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Please note Tax receipts would be automatically provided for Planned giving and Automatic direct banking donations. Please advise to whom should tax receipt be addressed to? (Fill in Full Name)

Would you like to receive the church's newsletter by email?	YES	NO
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PARISH VOLUNTEER FORM

All parishioners (both new and existing) are invited to complete the following questionnaire to enable us to increase participation in various church ministries as the need arises.

SURNAME: _____

FIRST NAME: _____

Please tick which parish activities you are able to assist with (Please mark **X**):

- | | | | |
|-----------------------------------|-------|------------------------------------|-------|
| Altar Care | _____ | Minister of the Word (Reading) | _____ |
| Altar Serving | _____ | Music (Instruments) | _____ |
| Baptism Programme | _____ | Odd jobs | _____ |
| Building Maintenance | _____ | Offertory | _____ |
| Caring (visits, meals, transport) | _____ | Pastoral Council | _____ |
| Children’s Liturgy | _____ | Prayers of the Faithful | _____ |
| Church cleaning | _____ | Preparing the Liturgy | _____ |
| Church Flowers | _____ | RCIA/RCIC Programme | _____ |
| Collectors | _____ | Sacramental Programme | _____ |
| Commentators | _____ | Youth Groups- Junior (8-12) | _____ |
| Counters | _____ | - Senior (13+) | _____ |
| Eucharist Minister | _____ | Other – eg. Tradeperson or | _____ |
| Hospitality | _____ | Special expertise (please state) | |
| Mass Preparation | _____ | Be a member of Marian Mothers | _____ |

Mass usually attended: (Please mark X)

Saturday 5.30pm		Sunday 9.00am	
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Parish Activities you are currently involved in (if applicable):
