

Sacred Heart of Jesus & St. Peter the Apostle, Waterlooville Parish Database Form

*is the minimum information requested

1. FIRST ADULT

*Name				Male/Female
*Date of Birth	Date joined parish:			
Marital Status	Date of Marriage:		Maiden Name:	
*Address				*Postcode
*Telephone	Home:	Mobile:		
Contact in case of emergency				
Email address				
Request Different Format Newsletter	Via Email: Yes/No		Large Print Yes/No	
*Religion	Catholic: Yes/No	Other (please specify)		
Nationality	British: Yes/No	Other (please specify)		
Occupation				

2. SECOND ADULT

*Name				Male/Female
*Date of Birth	Date joined parish:			
Marital Status	Date of Marriage:		Maiden Name:	
*Address				*Postcode
*Telephone	Home:	Mobile:		
Contact in case of emergency				
Email address				
Request Different Format Newsletter	Via Email: Yes/No		Large Print Yes/No	
*Religion	Catholic: Yes/No	Other (please specify)		
Nationality	British: Yes/No	Other (please specify)		
Occupation				

3. CHILDREN 17 AND UNDER IN YOUR HOUSEHOLD

*Name	*Male/ Female	*Date of Birth	Date or Year Baptised	Date or Year of 1 st Communion	Date or Year Confirmed	School/ College
*Religion	Catholic: Yes/No		Other (please specify)			
*Religion	Catholic: Yes/No		Other (please specify)			
*Religion	Catholic: Yes/No		Other (please specify)			
*Religion	Catholic: Yes/No		Other (please specify)			

4. OTHER ADULTS LIVING WITH YOU (aged 18 and over)

*Name	*Male/ Female	*Date of Birth	*Relationship to you and any other useful information (e.g. housebound, disability)
*Religion	Catholic: Yes/No		Other (please specify)
*Religion	Catholic: Yes/No		Other (please specify)
*Religion	Catholic: Yes/No		Other (please specify)
*Religion	Catholic: Yes/No		Other (please specify)

5. WHICH CHURCH IS YOUR PRIMARY CHURCH OF WORSHIP?

6. WHICH MINISTERIES OR GROUPS ARE YOU CURRENTLY INVOLVED IN?

FIRST ADULT – Ministry or Group

SECOND ADULT - Ministry or Group

CHILDREN 17 AND UNDER – Ministry or Group (please include name of child)

7. WHICH MINISTERIES OR GROUPS WOULD YOU BE INTERESTED IN?

FIRST ADULT – Ministry or Group

SECOND ADULT - Ministry or Group

CHILDREN 17 AND UNDER – Ministry or Group (please include name of child)

8. IS THERE ANY OTHER INFORMATION YOU FEEL WE NEED TO KNOW?

9. Would you like to contribute financially to the parish by standing order?

YES/NO/ALREADY DO

Would you like to Gift Aid your financial giving to the parish?

YES/NO/ALREADY DO

You will find the necessary forms to make your financial contribution to the parish attached to this document. Please complete and return to the parish office.

Thank You

All information is treated in confidence. We comply with the Data Protection Act and no information will be passed to third parties without prior permission. By signing below, you agree the above information can be entered into the Parish records. It will be used only to help with personal and pastoral care, and the appropriate administration of the parish and diocese.

PRINT NAME:

DATE:

SIGNATURE