

Parish of Saint Thomas the Apostle

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PARISH REGISTRATION FORM

SECTION 1: Family Details					
Family Name:					
Home Address:					
Home Phone:					
Are you interested in supporting the parish financially? Y/N					
If yes, how would you like to contribute:					
☐ CREDIT CARD ☐ DIRECT DEBIT ☐ WEEKLY ENVELOPES					
Please tick your preferred method of payment and we will contact you with more information					
Please tick your preferred method or payment and we will contact you with more information					
SECTION 2: Heads of Household					
ADULT 1:	ADULT 2:				
Full Name	Full Name				
Title Mr Mrs Miss Ms Other (please tick)	Title Mr Mrs Miss Ms Other (please tick)				
☐ Married ☐ Single ☐ Widowed	☐ Married ☐ Single ☐ Widowed				
Preferred Name	Preferred Name				
Date of Birth	Date of Birth				
Religion	Religion				
Mobile phone:	Mobile phone:				
Email address:	Email address:				

PRIVACY STATEMENT

St Thomas the Apostle Parish are committed to protecting the privacy of personal information which the organisation collects, holds and administers. Personal information is information which directly or indirectly identifies a person. The information provided on this form is confidential. It will only be used for our parish records and for the purpose of contacting you about our parish activities. This information may be exchanged with other groups within St Thomas parish and with St Thomas' Primary School.

SECTION 3: O	ther household r	nembers	Children 18 plus are encouraged to register on a separate form as individual parish members. If you need additional spaces please use a separate piece of paper and attach to this form.
Full Name: Sex: Date of Birth	Female	Male	
Full Name: Sex: Date of Birth	Female	Male	
Full Name: Sex: Date of Birth	Female	Male	
Full Name: Sex: Date of Birth	Female	Male	
Full Name: Sex: Date of Birth	Female	Male	
A member	of our family wou	able to atter	nd Mass and would like to receive Communion at home. nation about becoming a Catholic.
	Thank y	ou for te	aking the time to complete this form.