

# Parish Registration Form

Petrie Catholic Parish



Please complete and return to your parish. Thank you!

*(Scan and email to [petrie@bne.catholic.net.au](mailto:petrie@bne.catholic.net.au) OR Post to P O Box 50 Petrie Qld 4502 OR Place it in an envelope and 1) Leave it at the Church Reception or 2) Leave it on the 'Plate' or 3) Drop it into the Parish Office*

Family Name

Date

Were you a member of a Catholic parish before this one?

Office use only:

Envelope no.

In accordance with Jesus' command to "Go out to the whole world", we do not exist for ourselves but to bring the "Good News" to our world. Please complete this section thus giving your parish an idea of some of the ways people are doing this.

Which, if any, Community Organisations or Services are you ACTIVELY involved in?  
*(e.g. Canteen, SVDP, Amnesty International, Rotary, Lifeline, Meals on Wheels, Hospital Volunteer, P&F, etc)*

If you belong to Sporting/Social Clubs, are you on any committees which help the Club function for the good of the participants?  Yes  No

Have you done so previously?  Yes  No

## Section 1 – Please complete the information below

Home address		Home phone
How would you like your mail to be addressed (please tick)		Other (please specify)
<input type="checkbox"/> Mr & Mrs	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs
<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	
Mailing address (If different to home address)		
Do you participate in our parish offertory (planned giving) program?		If yes, how do you contribute?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Direct debit
		<input type="checkbox"/> Credit Card
		<input type="checkbox"/> Weekly envelopes
If you do not participate in our parish offertory (planned giving) program, would you like to?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**We are no longer parishioners of Petrie Catholic Parish community. Please remove us from your parish database.**

Please tick this box if you wish to be removed from our database.

To ensure the correct family is removed from our records, please complete the information in Section 1 above.

## Section 2 – Heads of household

Adult 1		Adult 2	
Full name		Full name	
Title (please tick)		Title (please tick)	
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs
<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Single
<input type="checkbox"/> Widowed	Maiden name	<input type="checkbox"/> Widowed	Maiden name
Preferred name	Date of birth	Preferred name	Date of birth
Religion		Religion	
Occupation / Previous Occupation (if retired/ looking for work)		Occupation / Previous Occupation (if retired/ looking for work)	
Employer		Employer	
Are you retired? (please tick)		Are you retired? (please tick)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work phone	May we call your work phone?	Work phone	May we call your work phone?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile phone	May we call or text you?	Mobile phone	May we call or text you?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred email		Preferred email	
Sacraments received (please tick) Complete as much as you can		Sacraments received (please tick) Complete as much as you can	
<input type="checkbox"/> Baptism	Date	<input type="checkbox"/> Baptism	Date
	Parish		Parish
	Celebrant		Celebrant
<input type="checkbox"/> First Communion	Date	<input type="checkbox"/> First Communion	Date
	Parish		Parish
	Celebrant		Celebrant
<input type="checkbox"/> Confirmation	Date	<input type="checkbox"/> Confirmation	Date
	Parish		Parish
	Celebrant		Celebrant
<input type="checkbox"/> Marriage	Date	<input type="checkbox"/> Marriage	Date
	Parish		Parish
	Celebrant		Celebrant

## Section 3 – Other household members

*Please complete as much as you are able*

Children 18 or older are encouraged to register on their own form as an individual parish member. If you need additional spaces please use a separate piece of paper, and attach it to your family's form.

				Sacraments received (please tick)			
Name		<input type="checkbox"/> Baptism	Date	Parish	Celebrant		
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth		<input type="checkbox"/> First Communion	Date	Parish	Celebrant
School / College		Current year level	<input type="checkbox"/> Confirmation	Date	Parish	Celebrant	
				Sacraments received (please tick)			
Name		<input type="checkbox"/> Baptism	Date	Parish	Celebrant		
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth		<input type="checkbox"/> First Communion	Date	Parish	Celebrant
School / College		Current year level	<input type="checkbox"/> Confirmation	Date	Parish	Celebrant	
				Sacraments received (please tick)			
Name		<input type="checkbox"/> Baptism	Date	Parish	Celebrant		
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth		<input type="checkbox"/> First Communion	Date	Parish	Celebrant
School / College		Current year level	<input type="checkbox"/> Confirmation	Date	Parish	Celebrant	
				Sacraments received (please tick)			
Name		<input type="checkbox"/> Baptism	Date	Parish	Celebrant		
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth		<input type="checkbox"/> First Communion	Date	Parish	Celebrant
School / College		Current year level	<input type="checkbox"/> Confirmation	Date	Parish	Celebrant	
				Sacraments received (please tick)			
Name		<input type="checkbox"/> Baptism	Date	Parish	Celebrant		
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth		<input type="checkbox"/> First Communion	Date	Parish	Celebrant
School / College		Current year level	<input type="checkbox"/> Confirmation	Date	Parish	Celebrant	

## Section 4 – Time and Talent

I/we attend Mass: (please tick)	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom	
I/we usually attend: (please tick)	<input type="checkbox"/> Saturday 6pm	<input type="checkbox"/> Sunday 8am	<input type="checkbox"/> Sunday 10am	<input type="checkbox"/> Sunday 5.30pm	<input type="checkbox"/> Another Parish

Please use this list of ministries to indicate your current level of participation and/or interest in participating in our various ministries.

Already involved	Wish to be Involved
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## Ministries & Roles

### Faith Education / Formation

- Rite of Christian Initiation of Adults
- Sacrament Preparation for children
- Adult Education (including Lenten program)
- Baptism Preparation

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Liturgy

- Liturgy Committee
- Greeting and Hospitality
- Altar Server (adult, teenager, child)
- Reader
- Children's Liturgy of the Word
- Extraordinary Minister of Holy Communion
- Music/Choir
- Leader at Mass
- Data Projector
- Communion to the sick and homebound
- Consolation ministry
- Sacristy (including sacristan, liturgy organisers)
- Environment for Worship (including floral decoration)

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Pastoral Life of the Parish

- Pastoral Council
- Finance Council
- Volunteer work in Parish Office / ERDU
- St Vincent de Paul Society
- Youth
- Social Group
- Rainbow Connection

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Care of Church and Parish Plant

- Cleaning church / foyer
- Maintenance / Church grounds
- A patch of garden
- Laundering of church linen

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Please list any skills, hobbies or interests that you think can be added to our ministries:

- A member of our family is unable to attend Mass and would like to receive Communion at home.
- A member of our family would like information about becoming a Catholic.
- I would like our priest to contact me.
- I would like more information about

*Thank you for taking the time to complete this form!*