

Mary Help of Christians, Sawtell Parish Census

FAMILY NAME: _____

Residential address: _____

Postal address: _____

ADULTS

Mr/Mrs/Ms First name: _____ Middle name: _____

Preferred name: _____

Maiden name (if applicable) _____ Date of birth: _____

Mobile phone number: _____

Email: _____

Religion: _____

Are you interested in finding out about any of these liturgical ministries?

Reading / welcoming / offertory procession / extraordinary minister of the Eucharist /
childrens' liturgy / choir / music

Mr/Mrs/Ms First name: _____ Middle name: _____

Preferred name: _____

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Mobile phone number: _____

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Are you interested in finding out about any of these liturgical ministries?

Reading / welcoming / offertory procession / extraordinary minister of the Eucharist /
childrens' liturgy / choir / music

OVERLEAF – please complete details of children living at home

CHILDREN LIVING AT HOME

First name: _____ Middle name: _____

Surname: _____

Preferred name: _____ Date of Birth: _____

School: _____

Sacraments received:

Baptism - date _____ Parish _____

Confirmation - date _____ Parish _____

Reconciliation - date _____ Parish _____

First Eucharist - date _____ Parish _____

If all of the above sacraments have been received, is your child interested in finding out about becoming an altar server? YES () NO ()

First name: _____ Middle name: _____

Surname: _____

Preferred name: _____ Date of Birth: _____

School: _____

Sacraments received:

Baptism - date _____ Parish _____

Confirmation - date _____ Parish _____

Reconciliation - date _____ Parish _____

First Eucharist - date _____ Parish _____

If all of the above sacraments have been received, is your child interested in finding out about becoming an altar server? YES () NO ()

First name: _____ Middle name: _____

Surname: _____

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If all of the above sacraments have been received, is your child interested in finding out about becoming an altar server? YES () NO ()