

**PARISHIONER REGISTRATION
- ONE FORM PER HOUSEHOLD -**

St John the Evangelist, Wallingford

First adult

Male

Female

Name			
Date of birth			
Marital status			
Address	Postcode		
Home telephone			
Mobile telephone			
Email			
Religion	Catholic	<input type="checkbox"/>	Other (specify):
Nationality	British	<input type="checkbox"/>	Other (specify):
Occupation	Giving via Gift Aid?		

Second adult

Male

Female

Name			
Relationship to person above		Marital status	
Date of birth			
Address <i>if different to above</i>	Postcode		
Home telephone			
Mobile telephone			
Email			
Religion	Catholic	<input type="checkbox"/>	Other (specify):
Nationality	British	<input type="checkbox"/>	Other (specify):
Occupation	Giving via Gift Aid?		

Children under 18 in your household

Name	Male/ Female	Date of Birth	Date Baptised	Date of 1 st Communion	Date Confirmed	School / College

Other family members living with you (e.g. elderly relative)

Name	Relationship to you

Is there any other information you feel we need to know?

Are you currently volunteering, or are you able to volunteer with the running of the Parish?

If so, in what capacity?

Giving	If you are taxpayer and not donating using gift aid already, would you be interested in gift aiding?
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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 that the above information can be entered in 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			
Signature		Date	

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