

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

English Martyrs, Didcot

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? |
|---------------|--|

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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