

OUR LADY OF GOOD COUNSEL PARISH REGISTRATION FORM

FAMILY SURNAME

ADDRESS	
TOWN	
POSTCODE	
TELEPHONE NUMBER (S)	
E-MAIL ADDRESS	

PLEASE INSERT BELOW YOUR FULL NAME AND THE NAMES OF MEMBERS OF YOUR HOUSEHOLD
(One name per strip; household members over 16 may complete their own separate form if they wish)

Title	First Names	Surname	
Date of Birth (DD MM YY)	Gender	M / F	Hobbies / skills which could be useful to the parish / current work in parish
Marital status	First Holy Communion	Y / N	
	Confirmed	Y / N	
Date married (DD MM YY)	Religion		
Mobile No.	Email:		Current occupation / University / College / School

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The information held in this form and in parish records is confidential and is subject to the Data Protection Act. You have right of access to this information under the provisions of that Act.

<p>Signature:</p> <p>Date of Registration</p>
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