**WELCOME TO ST. PATRICK’S PANMURE CATHOLIC PARISH**

Postal Address: **19 Sunset View Rd, Panmure** Phone: **(09) 527-7231** Website: **www.** **panmurecatholic.org.nz**

*Our Parish would like you to fill out our Registration form.*

*When completed either place the form in the* ***Offertory Collection*** *or* ***into the Parish Office or email to*** [***stpats.panmure@gmail.com***](mailto:stpats.panmure@gmail.com) ***Thank you***

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| **PLEASE COMPLETE ONE FORM PER FAMILY OR ADULT (AGE 19 OR OLDER)** *Please Print* | | | | | | | |
| Today’s Date  ……../……..  2021 | Surname | First Name | Title Mr/Mrs/Miss | Religion Baptised (B)  Eucharist (E)  Confirmation (c) | Occupation | Date of Birth | Ethnicity Other  Language |
| Person Completing |  |  |  |  |  |  |  |
| Spouse (Partner) |  |  |  |  |  |  |  |
| **PHYSICAL ADDRESS:** | | | | | | Married Date: | |
| **EMAIL ADDRESS:** | | | | **ZONE: (Office Use) PARISH NUMBER:** | | | |
| Home Phone: | | Business Phone: | | How long have you been in the Parish? | | | |
| **We wish to support the planned giving system: (Please circle) YES / NO** | | | | Please send me information: **(Please circle) YES / NO Internet Banking / Envelopes (circle one)** | | | |
| **We normally attend weekend Mass on: (Please circle) Sat 5.30pm Sun 9.00am** | | | |  | | | |
| **CHILDREN UNDER 19 YEARS OLD LIVING AT HOME** | | | | **PLEASE INDICATE SACRAMENTS RECEIVED** | | | |
| Child’s Name | Date of Birth | Male/Female | School Attending | Baptism Date | Reconciliation Date | Eucharist Date | Confirmation Date |
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| **Growing in Faith and Helping our Parish Family**  Our Parish activities and Ministries operate with Parish Volunteers. We ask and encourage people to be fully involved in our Parish community in whatever way they are able.  If your family are interested in information or would like to volunteer in any of the following areas, please circle the area of interest and a co-ordinator will contact you with information. | | | | | | | |
| **HOW CAN OUR PARISH HELP YOUR FAMILY?** (Please write below or contact the parish office) | | | | | | | |
| Housebound: Would a member of your family like communion at home? | | | | | | | |
| **HOW CAN YOU HELP OUR PARISH COMMUNITY?**  I AM INTERESTED IN LEARNING MORE ABOUT…. | | | | I HAVE SKILLS IN…… | | | |
| (Please select which Mass you attend)  **Saturday Vigil** 5.30pm /  **Sunday** 9.00am | | | | | | | |
| * Reading / Lector * Usher / Greeter * Altar Server * Music ministry / Choir * Children’s Liturgy * Children’s Mass * Rosary Group * Morning Tea after Mass * Transport to Mass * Computer Projector * Counting Collections * Flowers   **Parish Groups**   * Hospitality * Prayer Groups (Rosary, Mothers) * Legion of Mary Snr. * Legion of Mary Jnr. * Youth   **Working Bee:**   * My Family / I am available to help with tidying up gardens etc. around the church once every 6 months | | | | | | | |
| Thank you for taking the time to fill out this form. The information will be used to update our Parish records.  We strive to be a welcoming and caring community. If you need help in any way, please do not hesitate to phone the parish office **527-7231** or email [**stpats.panmure@gmail.com**](mailto:stpats.panmure@gmail.com) and we will endeavor to meet your needs.  *Under the provisions of the Privacy Act 1993 we are required to notify you that information supplied by you will be entered on our records and only used for purposes connected with administration of the Parish.*  *You have the right to view your information at any reasonable time and have any errors corrected.* | | | | | | | |