



Parishioner Registration

Welcome to the Catholic Parish of New Plymouth
Te Pārihi Katorika ki Ngāmotu

106 Powderham St
New Plymouth 4310
Phone 06 757 3682

Email: office@catholicparishnp.nz
www.Catholicparishnp.nz

Facebook: FB\Catholic Parish of New Plymouth NZ

Please fill in this registration form to enable us to update our parish records. Please feel free to leave any field blank. You are very welcome to include your non-Catholic Spouse if applicable. Young adults, please fill in a separate form. This information is solely for the use of the Catholic Parish of New Plymouth database and will not be shared with any outside organisation.

FAMILY NAME _____

ADDRESS: _____

_____ Postal Code: _____

PHONE NUMBER: _____

Parish Zone: St Patrick's / St Joseph's / Our Lady Help of Christians / Bell Block Catholic Centre

Ethnicity: _____

ADULTS:

Full name: (Mr/Mrs/Other) _____

Cell Phone: (Optional) _____ Email: _____ Age _____

Marital Status: _____ Occupation: _____ Religion: Catholic / Other _____

Ministry: _____

Full name: (Mr/Mrs/Other) _____

Cell Phone: (Optional) _____ Email: _____ Age _____

Marital Status: _____ Occupation: _____ Religion: Catholic / Other _____

Ministry: _____

CHILDREN (still at home/in parent's care):

Full name: _____

Date of Birth: _____ Male/Female

Mobile Phone: _____ Email: _____

School: _____ Year Level ____ Baptism First Communion Confirmation

Ministry: _____

Full name: _____

Date of Birth: _____ Male/Female

Mobile Phone: _____ Email: _____

School: _____ Year Level ____ Baptism First Communion Confirmation

Ministry: _____

Full name: _____

Date of Birth: _____ Male/Female

Mobile Phone: _____ Email: _____

School: _____ Year Level ____ Baptism First Communion Confirmation

Ministry: _____

Full name: _____

Date of Birth: _____ Male/Female

Mobile Phone: _____ Email: _____

School: _____ Year Level ____ Baptism First Communion Confirmation

Ministry: _____

Full name: _____

Date of Birth: _____ Male/Female

Mobile Phone: _____ Email: _____

School: _____ Year Level ____ Baptism First Communion Confirmation

Ministry: _____

Would you like to be part of a Passionist Family Group? Yes / No / Maybe

Would you like the weekly newsletter emailed to you? Yes / No _____

Planned Giving:

The Parish relies on planned giving and your generosity. Please consider being part of our planned giving programme, as it gives us a predictable income. You will be able to claim back 33% of your giving from the IRD as a tax rebate. (We can help with this).

I would prefer to contribute by:

- Or: Automatic Payment
 Planned Giving Envelopes: Weekly / Fortnightly / Monthly / Annually

Please consider how you can serve our parish and indicate any ministries you currently perform or may have an interest in. They may include:

- | | |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Lectors (Readers) | <input type="checkbox"/> Preparation for Sacraments of Initiation
(Baptism, First Communion, Confirmation) |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Prayer Group |
| <input type="checkbox"/> Musician (instruments _____) | <input type="checkbox"/> Scripture Study |
| <input type="checkbox"/> Singing / cantor / choir | <input type="checkbox"/> Bereavement Group |
| <input type="checkbox"/> Greeter / Usher | <input type="checkbox"/> Visiting the Sick and Elderly |
| <input type="checkbox"/> Special Minister of Eucharist | <input type="checkbox"/> St Vincent de Paul Society |
| <input type="checkbox"/> Liturgy Committee | <input type="checkbox"/> Community Dinners |
| <input type="checkbox"/> Communion to the Sick and Elderly | <input type="checkbox"/> Catholic Women's League |
| <input type="checkbox"/> Children's Liturgy | <input type="checkbox"/> Marian Mothers Group |
| <input type="checkbox"/> Church Cleaner | <input type="checkbox"/> Artwork / Noticeboards |
| <input type="checkbox"/> Flowers | <input type="checkbox"/> Young Adults / Youth Group |
| <input type="checkbox"/> Altar Server | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Adult Education / RCIA | |

For Office Use: PACS Family Code _____ Entered By: _____

Date Received: _____ Date Entered: _____

PG Envelope Number: _____ Survey July 2016