

ST. ANDREW'S CATHOLIC CHURCH
76 Springs Road Clayton South VIC 3169
Phone: 9551 5666 Email: claytonsouth.cam.org.au

PARISH REGISTRATION FORM

Please complete and return this form to the Parish Office as soon as possible

ADULT 1

SURNAME: _____ **Given Name(s):** _____

Date of Birth: ____/____/____ **How long have you been in the parish:** _____

ADDRESS: _____ **POSTCODE:** _____

Residential Structure: _____ (E.g. Family/ Lives alone/ Mother & Daughter only)

Telephone – Home: _____ **Mobile Number:** _____

Occupation: _____ **Marital Status:** _____

Nationality: _____ **Ethnic Background:** _____

Email: _____ **Religious Denomination:** _____

Baptised: Y/N

First Eucharist: Y/N

Confirmed: Y/N

ADULT 2 DETAILS

SURNAME: _____ **Given Name(s):** _____

Date of Birth: ____/____/____ **How long have you been in the parish:** _____

ADDRESS: _____ **POSTCODE:** _____

Telephone – Home: _____ **Mobile Number:** _____

Occupation: _____ **Marital Status:** _____

Nationality: _____ **Ethnic Background:** _____

Email: _____ **Religious Denomination:** _____

Baptised: Y/N

First Eucharist: Y/N

Confirmed: Y/N

Details of Children Living at Home (regardless of age)

Name of Child	Birth Date	Gender	Baptism	Eucharist	Confirmation
1. _____	_____	M/F _____	Y/N _____	Y/N _____	Y/N _____
2. _____	_____	M/F _____	Y/N _____	Y/N _____	Y/N _____
3. _____	_____	M/F _____	Y/N _____	Y/N _____	Y/N _____
4. _____	_____	M/F _____	Y/N _____	Y/N _____	Y/N _____