

CATHOLIC PARISH OF THE MOST HOLY REDEEMER BILLERICAY

PARISH REGISTRATION



Dear Parishioners,

We invite people who move into or within our parish, to complete this Parish Registration Form, so that they are registered correctly. We try to keep an up-to-date register of parishioners, and maintain regular contact with them through our local messengers in each area, who regularly deliver "The Parish News" to homes with Catholic residents.

You can help yourself and us by completing this form, and providing as much detail as you wish. We hope that some of the parish organisations and activities listed inside may be able to assist you, or that you may be able to help the local community through them. Details of the leaders and contact people for each of these organisations are to be found in the Parish Directory, which is available from the Priest's House or the Church porch. There is also a sheet enclosed giving changes of contacts which you might need to check.

Very many people in the Catholic community use their gifts and talents in the service of others. We want to make it possible for many more people in our community to do this, and to be able to use their abilities in ways that serve people and gives glory to God.

If we can help with your particular needs, or you wish to assist in ways not listed, please let us know on the back page. This applies particularly to people who may not be able to come to Mass and wish to receive Holy Communion or the other Sacraments at home. It is most important that the priest is informed as soon as possible when a parishioner is ill at home or goes into hospital, so that they may be offered appropriate pastoral care.

Please complete this form as fully as possible. It would be most helpful if you could, as a minimum, fill in the shaded areas of the form on this page, so that we can at least have up-to-date names and addresses. We thank you for registering in our Parish and pray that God may bless you and your family, as we go forward in our journey of faith with Him.

Father John McGrath
(Parish Priest)

FAMILY NAME :		
ADDRESS :		
POSTCODE :	E-MAIL :	
TELEPHONE NO :	Please tick this box if this number is ex directory	

PLEASE USE BLOCK CAPITALS WHEREVER POSSIBLE.

IF YOU WISH, PLEASE INDICATE THE FOLLOWING:

Ways in which you would like to the Parish Priest or the Parish Community to assist you:

Ways in which you might like to contribute to the life of the community:

Please indicate which Sunday Masses you prefer to attend in our Parish

Saturday 6.00 pm Sunday 9.00 am 11.00 am 5.00 pm

If you attend Mass regularly in another parish:

Which parish?

Which days?

What times?

Finally, please complete the consent below.

I/We consent to providing the Parish with this information for its own use so that my/our personal details can be accurately recorded and maintained and so that I/we may be kept informed of Parish events. I/we understand that I/we can request a copy from the Parish at any time and that this information will not be distributed to third parties.

Signed :

Date :

PLEASE COMPLETE THIS FORM AND SEND IT TO:

The Parish Priest, The Priest's House, 21 Laindon Road, Billericay, Essex CM12 9LL

Telephone: 01277-624891 (Fax 01277-632071)

e-mail: office@mostholyredeemer.org.uk

www.mostholyredeemer.org.uk

October 2012

PLEASE LIST THE MEMBERS OF YOUR FAMILY WHO LIVE IN YOUR HOUSEHOLD. YOU SHOULD ALSO INCLUDE ANY WHO ARE TEMPORARILY AWAY FROM HOME. (eg at WORK, COLLEGE OR UNIVERSITY OR IN HOSPITAL)

Person	Title	Christian names/ Forenames	Preferred name (known as)	Surname (if different from Family Name)	Relationship to person on line 'A'	Married/Single/ Widowed/ Divorced	Religious Denomination	Occupation or retired. Name of School / College or University
A					-----			
B								
C								
D								
E								
F								
G								

FOR EACH FAMILY MEMBER LISTED ABOVE, PLEASE COMPLETE THE FOLLOWING DETAILS, WHERE KNOWN, AGAINST THE CORRESPONDING LETTER (FOR SECURITY, ONLY THE YEAR OF BIRTH WILL BE RECORDED FOR PEOPLE OVER 18)

Person	Date of Birth	Baptised (Date)	Baptised (at)	First Holy Communion (Date)	Confirmation (Date)	Tick if sick or housebound
A						
B						
C						
D						
E						
F						
G						

ON THE NEXT PAGE, FOR EACH FAMILY MEMBER, PLEASE TICK ANY ACTIVITY IN WHICH THEY ARE ALREADY INVOLVED, OR A CROSS AGAINST ANY IN WHICH THEY WOULD LIKE TO BECOME INVOLVED. IF WE HAVE OMITTED AN ACTIVITY IN WHICH YOU ARE ALREADY INVOLVED OR INTERESTED, PLEASE ADD THE DETAILS ON ONE OF THE BLANK LINES OR ON THE LAST PAGE.

