



# St. Bernard's Parish

4 Ramsgate Street, Botany, NSW 2019

Phone: (02) 9316 8303 Internet: www.stbernards-botany.org.au  
 Fax: (02) 9666 7676 Email: stbernardsparishbotany@gmail.com  
 Mobile 0415 360 473

All information  
will be treated  
confidentially

## PARISH REGISTRATION FORM

HOUSEHOLD ADDRESS: \_\_\_\_\_

HOUSEHOLD TELEPHONE: \_\_\_\_\_

### FIRST ADULT

FIRST NAMES: (Mr/Mrs/Ms) \_\_\_\_\_ SURNAME: \_\_\_\_\_ MALE/FEMALE

DATE OF BIRTH: \_\_\_\_\_ RELIGION: \_\_\_\_\_ BAPTISM Date&Place : \_\_\_\_\_

BIRTH Town, State & Country: \_\_\_\_\_ DATE OF CONFIRMATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORK PHONE NO: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Are you Married? Yes/No: \_\_\_\_\_ If yes, PARTNER'S NAME: \_\_\_\_\_

### SECOND ADULT

FIRST NAMES: (Mr/Mrs/Ms) \_\_\_\_\_ SURNAME: \_\_\_\_\_ MALE/FEMALE

RELATIONSHIP TO FIRST PERSON LISTED ABOVE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ RELIGION: \_\_\_\_\_ BAPTISM Date&Place : \_\_\_\_\_

BIRTH Town, State & Country: \_\_\_\_\_ DATE OF CONFIRMATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORK PHONE NO: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Are you Married? Yes/No: \_\_\_\_\_ If yes, PARTNER'S NAME: \_\_\_\_\_

**(Please fill attach another form if there are more adults and children)**

### DETAILS OF CHILDREN:

| NAME | DATE OF BIRTH | RELIGION | SCHOOL | BAPTISM DATE & PLACE | FIRST EUCHARIST & PLACE | CONFIRMATION & PLACE |
|------|---------------|----------|--------|----------------------|-------------------------|----------------------|
|      |               |          |        |                      |                         |                      |
|      |               |          |        |                      |                         |                      |
|      |               |          |        |                      |                         |                      |
|      |               |          |        |                      |                         |                      |
|      |               |          |        |                      |                         |                      |

**CURRENT VOLUNTEER**

ARE YOU ALREADY A VOLUNTEER OF A MINISTRY? PLEASE LIST WHICH ONE OR WRITE IN THE SPACE

| MINISTRY         | MASS TIME |     |     | NAME OF VOLUNTEER | DATE STARTED | VOLUNTEER REGISTRARION FORM SIGNED Yes/No | WH&S INDUCTION ATTENDED Yes/No |
|------------------|-----------|-----|-----|-------------------|--------------|---|--------------------------------|
|                  | Vigil     | 7am | 9am |                   |              |   |                                |
| ACOLYTE          |           |     |     |                   |              |   |                                |
| ALTAR SOCIETY    |           |     |     |                   |              |   |                                |
| COUNTER          |           |     |     |                   |              |   |                                |
| KIDS CHURCH      |           |     |     |                   |              |   |                                |
| READER           |           |     |     |                   |              |   |                                |
| SPECIAL MINISTER |           |     |     |                   |              |   |                                |
| OTHER            |           |     |     |                   |              |   |                                |

**NEW VOLUNTEER**

If you are interested, please write the ministry you would like to be involved with: ACOLYTE, ALTAR SERVER, CATHECIST, CHOIR/MUSIC, COUNTER, FINANCE COMMITTEE, LITURGY GROUP, MAINTENANCE/GROUNDS, MINISTRY TO SICK/ELDERLY, PARISH PASTORAL COUNCIL, PRAYER GROUP, READER, SOCIAL COMMITTEE, ST VINCENT DE PAUL SOC, SPECIAL MINISTER.

| MINISTRY | MASS TIME |     |     | NAME OF VOLUNTEER & CONTACT DETAILS |
|----------|-----------|-----|-----|-------------------------------------|
|          | Vigil     | 7am | 9am |                                     |
|          |           |     |     |                                     |
|          |           |     |     |                                     |
|          |           |     |     |                                     |

**SUPPORTING ST BERNARD’S PARISH**

Parish Planned Giving donations help with the maintenance and upkeep of the parish.

These donations may be contributed through weekly envelopes placed in the weekend mass collections OR by authorising your credit card to be processed monthly towards it.

*Please note that these donations are currently not tax-deductible.*

WOULD YOU LIKE TO JOIN ST BERNARD’S PARISH PLANNED GIVING?

YES  NO

If you ticked ‘YES’, kindly choose a planned giving option below

**CARD:-** Please fill out the “Authority for monthly payment by Credit Card’ form (or contact the parish office).

**ENVELOPES:-** A box of planned giving envelopes will be allocated to you.  
Your weekly envelopes contributions can be placed with the weekend mass collections.

Thank you for taking the time to fill out this form. Your patience and care is appreciated.