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|  |  |  | **VISITATION PARISH** | | | |  |  |  |
|  |  | Bullsbrook, Muchea, Lower Chittering, Bindoon & Gingin | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | ***PARISHIONER REGISTRATION FORM*** | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Surname** | **.........................................................** | | | **Phone (h).............................(w)...................................................** | | | | |
|  |  |  |  |  |  |  |  |  |  |
|  | **Address** | **………………………………………………………………………………………………………** | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |
| **Christian Names** | |  | **DOB** |  | **JOB** | **Faith** | **Bapt** | **Comm** | **Conf** |
|  |  |  |  |  |  |  |  |  |  |
| **Male: ...........................................................................................................................................................................................** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| **Female..........................................................................................................................................................................................** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| **No. of Children ......................** | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Children at Home** | |  |  | **School** |  |  |  |  |  |
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| **Marriage Date..............................** | | |  | **Where ……………………………………………….** | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Would you care to participate in/contribute to a parish activity/ministry? Yes / No** | | | | | | | |  |  |
| (e.g, Reader, Music, Social, St Vincent de Paul Society, Server, Acolyte, Parish Visitation Team, Bible Discussion, Rosary Group). | | | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Other Gifts: Please list other gifts (e.g, typing, musician, choir, reader….) to be used in parish life:** | | | | | | |  |  |  |
| ………………………………………………………………………………………………………………………………… | | | | | | |  |  |  |
| ………………………………………………………………………………………………………………………………… | | | | | | |  |  |  |
| **Do you wish to be enrolled in the Planned Giving Envelope System? Yes / No** | | | | | | | **or** | **Direct Debit** | **Yes / No** |
|  |  |  |  |  |  |  |  |  |  |