St John the Evangelist, Otara & St Peter Chanel, Clover Park

PARISH ENROLMENT FORM

Please Complete and return to the Parish Office. PO BOX 61-115 Otara, Auckland 2159

FAMILY DETAILS

Last (Family) Name:	**Parish Community** (Tick One) **St John the Evangelist** ☐ **St Peter Chanel** ☐	**Years in parish:**	**Languages Spoken:**
Address:	**Email Address:**		**Iwi (Maori):**
Home Phone Number:	**Work Phone Number:**	**Cell Phone Number:**	**Family Residence:** (Tick One) **Owned** ☐ **Rented** ☐
Pledge Envelope Number(s):	**Would you like to enroll for a Pledge Envelope? Yes** ☐ **No** ☐	**Disabled or elderly at home needing Holy Communion? Yes** ☐ **No** ☐	**Number of people at this address?**

INDIVIDUAL DETAILS

Names of people in the house: (First and Last Names)	Date of Birth	Country of Birth	Religion	Place & Date of Baptism	Date & Place of Confirmation	Communion Yes or No	Date & Place of Marriage	School or Occupation
Head of Household:								
Spouse:								
Your children who live with you:								
Others who live with you:								