



HOLY FAMILY PARISH

1D Anzac Road Menai NSW 2234 Australia

Tel: (02) 9543 2677

Email: hfpmenai@gmail.com

CENSUS FORM

PLEASE COMPLETE USING BLOCK LETTERS

People living at the same address who are not related should fill out separate forms.

This information is treated as confidential.

What does being a registered parishioner offer you?

- Facilitates retrieval of Church documents, certificates for school sacramental applications.
- Simplifies applications for baptism, sacramental programs, weddings, and pastoral care.
- Prompt replies to requests for school references, letters of introduction.

Tick if you would like the priest to bless your home?

☐ YES

Section 1 — Household Details

** Indicates required field*

FAMILY NAME *	MAIDEN NAME (if applicable)
Home Phone Number *	Language(s) Spoken (Other than English)
Residential Address * _____ _____ Post Code: _____ State: _____	
Postal Address (if different from Home Address) _____ _____ Post Code: _____ State: _____	
I/We usually attend Mass on * <i>Please select one. If you attend various Masses, please select the one you attend most often.</i> <input type="checkbox"/> Saturday Vigil <input type="checkbox"/> Sunday Morning <input type="checkbox"/> Sunday Evening	
My/Our Planned Giving status * - <i>How do you prefer supporting the church financially?</i> <input type="checkbox"/> Existing Planned Giver/s <input type="checkbox"/> Interested in becoming a Planned Giver/s <input type="checkbox"/> Prefer to give when attending Mass	
Would you like to volunteer in our parish community? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please indicate what ministry you would volunteer for</i> <input type="checkbox"/> Liturgical, Sacramental & Mass <input type="checkbox"/> Music & Youth <input type="checkbox"/> Outreach groups <input type="checkbox"/> Work behind the scenes <input type="checkbox"/> Prayer Groups <input type="checkbox"/> Parish Groups	

Section 2 — Family Member/s Details

All information you provide is optional and **strictly confidential**. Please only include family members living at the address listed.

Family Member 1 (main contact person)*

Title: _____	Surname: _____	Christian Name: _____
Preferred Name: _____	Religion: _____	
Date of Birth: _____	Family Role (husband, wife, grandparent): _____	
Marital Status: _____	Occupation: _____	
Name Work Place/School (if applicable): _____		
Email: _____	Phone number: _____	
Sacraments: <i>Please tick the sacraments you have received.</i>		
<input type="checkbox"/> Baptism	<input type="checkbox"/> Reconciliation	<input type="checkbox"/> Eucharist
<input type="checkbox"/> Confirmation	<input type="checkbox"/> Marriage	
Are you involved in any parish Ministries: Yes / No		

Family Member 2

Title: _____	Surname: _____	Christian Name: _____
Preferred Name: _____	Religion: _____	
Date of Birth: _____	Family Role (husband, wife, grandparent): _____	
Marital Status: _____	Occupation: _____	
Name Work Place/School (if applicable): _____		
Email: _____	Phone number: _____	
Sacraments: <i>Please tick the sacraments you have received.</i>		
<input type="checkbox"/> Baptism	<input type="checkbox"/> Reconciliation	<input type="checkbox"/> Eucharist
<input type="checkbox"/> Confirmation	<input type="checkbox"/> Marriage	
Are you involved in any parish Ministries: Yes / No		

Other Family Member

Title: _____	Surname: _____	Christian Name: _____
Preferred Name: _____	Religion: _____	Gender: M / F
Date of Birth: _____	Family Role (husband, wife, child, grandparent): _____	
Marital Status: _____	Occupation: _____	
Name Work Place/School (if applicable): _____		
Email: _____	Phone number: _____	
Sacraments: <i>Please tick the sacraments you have received.</i>		
<input type="checkbox"/> Baptism	<input type="checkbox"/> Reconciliation	<input type="checkbox"/> Eucharist
<input type="checkbox"/> Confirmation	<input type="checkbox"/> Marriage	
Are you involved in any parish Ministries: Yes / No		

Other Family Member

Title: _____ Surname: _____ Christian Name: _____
Preferred Name: _____ Religion: _____ Gender: M / F
Date of Birth: _____ Family Role (husband, wife, child, grandparent): _____
Marital Status: _____ Occupation: _____
Name Work Place/School (if applicable): _____
Email: _____ Phone number: _____
Sacraments: *Please tick the sacraments you have received.*
☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation ☐ Marriage
Are you involved in any parish Ministries: Yes / No

Other Family Member

Title: _____ Surname: _____ Christian Name: _____
Preferred Name: _____ Religion: _____ Gender: M / F
Date of Birth: _____ Family Role (husband, wife, child, grandparent): _____
Marital Status: _____ Occupation: _____
Name Work Place/School (if applicable): _____
Email: _____ Phone number: _____
Sacraments: *Please tick the sacraments you have received.*
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Are you involved in any parish Ministries: Yes / No

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Email: _____ Phone number: _____
Sacraments: *Please tick the sacraments you have received.*
☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation ☐ Marriage
Are you involved in any parish Ministries: Yes / No

Important Note regarding your Parish Records:

As changes occur in your family that effect the information, please tell us so that we may keep your records complete.

This information is used for on-going pastoral care and sacramental records.

Collection Notice of Privacy:

The information requested by the Catholic Parish of Holy Family Menai in this census form (**census information**) will be held in accordance with Holy Family Parish's Privacy Policy and the Australian Privacy Principles under the Privacy Act 1988.

Census information is treated in confidence and will be used only to help with personal and pastoral care and the appropriate administration of the parish and Archdiocese. We comply with the Data Protection Act and no information will be passed onto third parties without prior permission. For more information, please contact the Parish Office **(02) 9543 2677**