

PARISH REGISTRATION FORM

The Old Roman Catholic Church in Europe, South East UK, Parish Mission

The Parish Mission Team are happy to welcome new parishoners and would appreciate you completing this Registration Form for our Records. Completing the Registration Form ensures that parishoners are easily identifiable as members of the Parish for the purpose of receiving the Sacraments e.g. Baptism/Wedding/Last Rites and pastoral ministrations e.g. hospital/home visits/funerals etc.

Without a completed Registration Form it may be difficult for Clergy and the Pastoral Team to visit you in hospital or to arrange and conduct your Funeral.

None of the information contained here will be shared with external parties and it will be stored in accordance with the Data Protection Act and used only by Office Staff or the Pastoral Team to ensure our Records are up to date.

Your title	Mr/Mrs/Miss/Ms/Dr/Prof/Revd	First Name	
Surname		Middle Name(s)	
Marital status	Single/Married/Divorced/Widower/d	Date of Birth	
Occupation		Email address	
Address			
		Postcode	
Telephone		Mobile	
Sacraments received	Baptism	First Communion	Confirmation Matrimony
If you've been actively involved in a Parish or Church previously, please tell us about your experience here:			
If you would like to become actively involved in Parish life here, please tell us what areas you would be interested in e.g. Serving/Music Group/Welcome Ministry etc:			

ABOUT YOUR PARTNER

Please consider completing this section of the Form whether your partner is a practising Christian/Catholic, or not. It may be useful for the Clergy or Pastoral Team to know their name should they need to contact you or your family in an emergency.

Title	Mr/Mrs/Miss/Ms/Dr/Prof/Revd	First Name	
Surname		Middle Name(s)	
Marital status	Single/Married/Divorced/Widower/d	Date of Birth	
Occupation		Email address	
Address			
		Postcode	
Telephone		Mobile	
Sacraments received	Baptism	First Communion	Confirmation Matrimony

IN AN EMERGENCY

If you are involved in an accident, it may be that the Clergy or Parish Office will be contacted by Hospital or Emergency Services Staff - either to make contact with your family or friends, or for a Priest to attend and administer the Sacraments to you. Please ensure you complete this section of the Form accurately.

Contact Name	
Telephone	

OTHER HOUSEHOLD MEMBERS

If you have a family or live in a shared house and would like to register others with this Parish Mission, please do so here...

Title	Mr/Mrs/Miss/Ms/Dr/Prof/Revd	First Name	
Surname		Middle Name(s)	
Marital status	Single/Married/Divorced/Widower/d	Date of Birth	
Relationship to you	[Tick as appropriate] Parent/Sibling/Child/Family/Lodger/Other		
Occupation		Email address	
Address			
		Postcode	
Telephone		Mobile	
Sacraments received	Baptism	First Communion	Confirmation Matrimony

Title	Mr/Mrs/Miss/Ms/Dr/Prof/Revd	First Name	
Surname		Middle Name(s)	
Marital status	Single/Married/Divorced/Widower/d	Date of Birth	
Relationship to you	[Tick as appropriate] Parent/Sibling/Child/Family/Lodger/Other		
Occupation		Email address	
Address			
		Postcode	
Telephone		Mobile	
Sacraments received	Baptism	First Communion	Confirmation Matrimony

Title	Mr/Mrs/Miss/Ms/Dr/Prof/Revd	First Name	
Surname		Middle Name(s)	
Marital status	Single/Married/Divorced/Widower/d	Date of Birth	
Relationship to you	[Tick as appropriate] Parent/Sibling/Child/Family/Lodger/Other		
Occupation		Email address	
Address			
		Postcode	
Telephone		Mobile	
Sacraments received	Baptism	First Communion	Confirmation Matrimony

LEGAL NEXT OF KIN

The Clergy or the Parish Office may be contacted by Hospital/Nursing or Emergency Services Staff if you die, in an effort to inform your Next of Kin. Please complete this section of the Form, particularly if you live alone, so that the Clergy may contact or pass on relevant information to your Next of Kin.

Title	Mr/Mrs/Miss/Ms/Dr/Prof/Revd	Full Name	
Address			
		Postcode	
Telephone		Mobile	
What is their relationship status to you? [Please tick appropriatey]			
Husband/Wife/Civil Partner/Mother/Father/Son/Daughter/Legal Guardian/Legal Attorney/Executor/Estranged Spouse/Other			

DECLARATION

By submitting this Parish Registration Form I hereby declare that...

In the event that I may be required to stay in a hospital for any length of time, particularly for an operation or after an accident, it is my express wish that a member of the Clergy or Pastoral Team of this Old Catholic Parish Mission be contacted, and if at all possible, arrangements made that I may be visited by them;

In the event that I may be in danger of dying, it is my express wish that I be administered the Last Rites or Holy Viaticum, if not by a member of the Clergy or Pastoral Team of this Old Catholic Parish Mission, than by any Catholic Cleric;

In the event of my death, it is my express wish that my Funeral arrangements be made in consultation with the Clergy of this Old Catholic Parish Mission, that a Requiem Mass be said by them for my soul and that they conduct any Funeral Rite for the repose of my mortal remains. I charge any person recognised to be or to act as my legally recognised Next of Kin, to recognise this wish and adhere to these instructions.

Signed _____ Date _____

Do you have any special needs or situations that you wish to call to our attention?
Do you know anyone elderly/infirm/alone/housebound/hospitalised who might appreciate a visit? If so, please tell us about them here...