

# Parish Registration Information



New Parishioner

Change of Information

***Please print clearly. (Adult family members)***

Name *(first and last)* \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name *(first and last)* \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary phone number: \_\_\_\_\_

*(If no landline is available, please indicate which cell phone is to be used as a primary contact)*

***Other family members living at home. Please print. Age information optional.***

Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ *(dd/mm/yy)*

Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

## ***Parish financial contributions:***

1. Would you like to register for Pre Authorized Giving (PAG)? Yes \_\_\_\_ No \_\_\_\_

2. Would you like a box of offertory envelopes? Yes \_\_\_\_ No \_\_\_\_

## ***Parish news:***

1. Would you like to receive our weekly Parish newsletter? Yes \_\_\_\_ No \_\_\_\_

*If yes, Name* \_\_\_\_\_ *Email:* \_\_\_\_\_

*Name* \_\_\_\_\_ *Email:* \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***We are committed to protecting your privacy. We collect personal information for St. Philip Neri Parish related communication only. The information collected is confidential and will not be made available to unauthorized third party persons.***