



**LIVING WATERS CATHOLIC PARISH**

Date.....

Please include details of all persons living in your home.

**Strictly Confidential.**

**ADDRESS:** .....

.....

	<i>Person 1.</i>	<i>Person 2.</i>
<b>Title</b> Mr/Mrs/Ms etc...		
<b>Surname</b>		
<b>Christian name/s</b>		
<b>Religion</b>		
<b>Date of birth</b>		
<b>Email Address</b>		
<b>Home Phone</b>		
<b>Mobile</b>		
<b>Occupation/Prev.Occ.</b>		
<b>Language spoken</b>		

We collect personal information directly from you to fulfil the mission and directions of our Parish; to administer the sacraments and provide pastoral care to you, and to comply with our legal and regulatory requirements.

If the personal information you provide is incomplete or inaccurate, we may not be able to provide you with the services you seek or require. You can access and ask for correction of your personal information by contacting the parish office on: ph: 5430 9377; or through email at: admin1.cabcath@bne.catholic.net.au

<b>Children's names</b>												
<b>Religion</b>												
<b>Date of birth</b>												
<b>Gender M/F</b>												
<b>School</b>												
<b>Grade</b>												
<b>Sacraments received</b>	<b>Bapt.</b>	<b>Conf.</b>	<b>Euch.</b>	<b>Bapt.</b>	<b>Conf.</b>	<b>Euch.</b>	<b>Bapt.</b>	<b>Conf.</b>	<b>Euch.</b>	<b>Bapt.</b>	<b>Conf.</b>	<b>Euch.</b>

**Return Address: P.O. Box 483 Caboolture QLD 4510**

**I acknowledge that if I am in a Ministry within the Parish my name and phone will be shared with other Ministers or on display in the Sacristy. I understand these details will be used only for that mentioned and not for any other purpose.**

**Signed:** .....

**Signed:** .....

**Date:** .....

**Date:** .....