St. Peter Chanel Catholic Church
Clover Park, Auckland, New Zealand

St. Peter Chanel Parish, Clover Park

PARISH ENROLMENT FORM

Please complete and return to the Parish Office. 42 Boundary Road, Clover Park, Auckland NZ

FAMILY DETAILS

Last (Family) Name:		**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 Birth**	**Date & Place of Confirmation**	**Communion Yes or No**	**Date & Place of Marriage**	**School or Occupation**
Your children who live with you:								
Others who live with you:								