



ADULT 1 Christian name/s

Preferred Name Surname:

Gender Male Female

Date of birth (dd/mm/yy)

D	D	M	M	Y	Y	Y	Y
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Home address

Postal address

Postal Code

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Tel: home

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--	--	--	--	--	--	--	--

Tel: office

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Cell

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Email address

Occupation

If married, date of anniversary

D	D	M	M	Y	Y	Y	Y
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No. of children not confirmed, u/18, still living at home

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ADULT 2 Christian name/s

Preferred Name Surname:

Gender Male Female

Date of birth (dd/mm/yy)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Home address

Postal address

Postal Code

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Tel: home

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Tel: office

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Cell

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Email address

Occupation

If married, date of anniversary

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

No. of children not confirmed, u/18, still living at home

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SERVICES USUALLY ATTENDED	Sunday 07:00 <input type="checkbox"/>	Sunday 08:30 <input type="checkbox"/>	Sunday 18:00 <input type="checkbox"/>
	Monday 19:00 <input type="checkbox"/>	Wednesday 09:30 <input type="checkbox"/>	Thursday 10:00 <input type="checkbox"/> (Seniors)

PLEASE NOTE THAT CHILDREN OF 18 YRS AND OLDER MUST FILL IN A SEPARATE FORM AS AN ADULT.

CHILD 1

Christian name/s

Preferred name Surname:

Gender Boy Girl

Date of birth (dd/mm/yy)

D	D	M	M	Y	Y	Y	Y
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Cell

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Email address

Baptised Yes No If yes, when

D	D	M	M	Y	Y	Y	Y
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Admitted to communion Yes No If yes, when

D	D	M	M	Y	Y	Y	Y
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Confirmed Yes No If yes, when

D	D	M	M	Y	Y	Y	Y
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CHILD 2

Christian name/s

Preferred name Surname:

Gender Boy Girl

Date of birth (dd/mm/yy)

D	D	M	M	Y	Y	Y	Y
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Cell

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Email address

Baptised Yes No If yes, when

D	D	M	M	Y	Y	Y	Y
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Admitted to communion Yes No If yes, when

D	D	M	M	Y	Y	Y	Y
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Confirmed Yes No If yes, when

D	D	M	M	Y	Y	Y	Y
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CHILD 3

Christian name/s

Preferred name Surname:

Gender Boy Girl

Date of birth (dd/mm/yy)

D	D	M	M	Y	Y	Y	Y
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Cell

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Email address

Baptised Yes No If yes, when

D	D	M	M	Y	Y	Y	Y
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Admitted to communion Yes No If yes, when

D	D	M	M	Y	Y	Y	Y
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Confirmed Yes No If yes, when

D	D	M	M	Y	Y	Y	Y
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