

CENSUS FORM 2021
CHURCH OF THE IMMACULATE CONCEPTION OF OUR LADY, PEACEHAVEN

PLEASE COMPLETE IN CAPITAL LETTERS AND RETURN TO THE PARISH OFFICE

WHAT IS YOUR TITLE: MR MRS MISS OTHER (PLEASE STATE)

MALE..... OR FEMALE.....

SURNAME.....

FIRST NAME.....

YOUR ADDRESS

.....

.....

TELEPHONE (HOME) **MOBILE**.....

EMAIL:.....

WHAT IS YOUR DATE OF BIRTH (EG: 31/07/1950) ?/...../.....

WHAT IS YOUR OCCUPATION.....

Do you have any skills/expertise you would like to volunteer towards our Church?

YES:.....**NO:**.....

PARTNER NAME:.....

PARTNER . MOBILE.....

NEXT OF KIN/ CARER:.....

NEXT OF KIN/CARER CONTACT NUMBER.....

NEXT OF KIN/CARER ADDRESS.....

.....

NEXT OF KIN/CARER EMAIL.....

THANK YOU FOR COMPLETING THIS FORM

IT IS IMPORTANT THAT ALL PARISHIONERS ARE ON THE PARISH DATABASE AND THAT YOU KEEP YOUR DETAILS UP TO DATE BY LETTING US KNOW OF ANY CHANGES.

THIS INFORMATION WILL BE STORED ON THE PARISH DATABASE IN STRICTEST CONFIDENCE IN LINE WITH GDPR

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WHAT IS YOUR MARITAL STATUS?

SINGLE. MARRIED.....SEPARATED WIDOWED..... DIVORCED.....

WHAT IS YOUR NATIONALITY

WHAT IS YOUR FIRST LANGUAGE

WHAT IS YOUR RELIGION.....

HAVE YOU MADE YOUR FIRST HOLY COMMUNION YES..... NO.....

HAVE YOU BEEN CONFIRMED YES..... NO.....

HOW LONG HAVE YOUR BEEN ATTENDING THIS CHURCH?

6 MONTHS OR LESS..... 6-12 MONTH..... 1-5 YEARS

OVER 5 YEARS

HOW OFTEN DO YOU ATTEND THIS CHURCH?

WEEKLY..... MONTHLY..... HOUSEBOUND.....

OTHER (PLEASE SPECIFY).....

ARE YOU A TAXPAYER FOR GIFT AID DONATION (GAD) PURPOSES?

YES..... NO.....

ARE YOU RELATED TO ANYONE ELSE FILLING IN A FORM? YES..... NO.

IF YES WHAT IS THEIR NAME AND YOUR RELATIONSHIP TO THEM:

.....

SIGNED..... DATE.....

IF YOU HAVE CHILDREN , WOULD YOU OR YOUR PARTNER COMPLETE A FORM FOR THEM.

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