BLESSED JOHN HENRY NEWMAN PARISH CENSUS FORM

Part 1: Family Information

**By completing this form you agree that the information below can be entered into the Parish records.**

**All information is treated in confidence and will be used only to help with personal and pastoral care and the appropriate**

**administration of the parish and diocese.**

**We comply with the Data Protection Act and no information will be passed onto third parties without prior permission.**

Please complete all the information in **BLOCK CAPITALS.** If you need more room then please continue on a separate sheet.

|  |  |
| --- | --- |
| **ADDRESS OF HOUSEHOLD** | **CONTACT DETAILS** |
|  | TELEPHONE NUMBEREMAIL ADDRESSPREFERRED METHOD OF CONTACT (phone or email) |
| POST CODE |

**ADULTS IN HOUSEHOLD**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TITLE** | **FULL NAME**(Please put name of main contact first) | **DATE OF BIRTH** | **MARITAL STATUS** | **OCCUPATION** | **ROLES IN THE PARISH**e.g. Eucharistic minister, reader, cleaner etc. |  **MEMBERSHIP OF CHURCH OR INTERDENOMINATIONAL GROUPS** e.g. Knights of St Columba, SVP, Lighthouse. |
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**If you are a UK tax payer, are you on the Gift Aid scheme? YES OR NO If no, would you be willing to participate in the Parish Gift Aid Scheme? YES OR NO**

**Would you like more information on the above scheme? YES OR NO**

**CHILDREN IN HOUSEHOLD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FULL NAME** | **DATE OF BIRTH** | **SCHOOL ATTENDED** | **ROLES IN THE PARISH****e.g. reader, choir,** | **MEMBERSHIP OF CHURCH OR INTERDENOMINATIONAL GROUPS e.g. youth group** |
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**IS THERE ANYONE IN YOUR HOUSEHOLD WITH ADDITIONAL NEEDS** e.g. learning or physical disabilities; housebound; mobility issues.

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| --- | --- | --- |
| **NAME** | **AGE** | **PLEASE SPECIFY NEED** |
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|  |  |  |
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**Which Mass/Masses do you regularly attend?**

**Saturday/Sunday:** OLG Sat. 5pm StW Sun. 9am OLG Sun. 11am

**Weekdays:**

Monday OLG 9.30am Tuesday StW 9.30am Thursday StW 9.30am Friday OLG 9.30am Friday StW 11am Saturday StW 10am

**Is your household related to another family in our Parish?** **YES OR NO** If yes please fill in boxes below.

|  |  |
| --- | --- |
| **FAMILY** (full name of person you are related to) | **RELATIONSHIP** (e.g. mother, brother, aunty etc) |
|  |  |
|  |  |

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Part 2: Roles within Parish

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|  |  |  |
| --- | --- | --- |
| **SURNAME** | **FIRST NAME** | **FIRST LINE OF ADDRESS** |
|  |  |  |

**HOW CAN THE PARISH SUPPORT YOU?**

**Please list areas**

|  |
| --- |
|  |

**HOW CAN YOU HELP THE PARISH?**

***We would like you to complete the following information but it is not compulsory.***

Write the names in the box of people in the household who would be willing to be involved and are happy to be trained where necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **At Mass**as a reader, Eucharistic minister, welcomer, children’s liturgy, choir, altar server | **Sick and Housebound**e.g. taking Holy Communion, visiting at home or in hospital, |  **Church Site and Buildings** Professional skillse.g. gardening, carpentry, painting, plumbing; and other skills like removing rubbish, clearing snow, facility monitor etc. | **Social**e.g. cooking meals, baking cakes, setting up, clearing away, serving refreshments after Mass, taking photos etc. | **Health & Safety and Safeguarding**e.g. risk assessments, annual audits. |
| **The Church**e.g cleaning, washing vestments and sacred linens, flower arranging, notice boards etc. | **Church Groups**e.g. SVP, Centacle, Rosary, Faith & Friendship, Youth . | **Passing on the Faith**e.g. catechist, RCIA sponsor, marriage preparation etc. |  **Finance and Fundraising** e.g. accounting skills, counting the collection, ideas for fund raising, offer sponsorship etc | **Evangelisation & Education**e.g. catechist, RCIA sponsor, marriage preparation, working with other Churches, preparing altar servers, readers etc.  |

**ANY FURTHER COMMENTS?**

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