



6 Church St., Goodna 4300
P.O. Box 450, Goodna 4300
Telephone: (07) 3818 0111

Email: goodna@bne.catholic.net.au
Web Site: www.stfrancisxaviergoodna.org.au

ST. FRANCIS XAVIER PARISH

NEW PARISHIONER FORM (PRINT CLEARLY IN CAPITAL LETTERS)

Family Name: _____	Firstnames: _____
Residential Address:	
Street: _____	
SUBURB: _____	STATE: _____ Postcode: _____

Family Details (for extra Dependants, please complete Page 2)

Member 1	Title _____	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Firstname	_____	Surname	_____
Preferred Name	_____	Marital Status	_____
Date of Birth	_____	Country of Birth	_____
Home Phone No.	_____	Mobile No.	_____
Email Address	_____		
Occupation	_____	Other Language Spoken	_____
Work Phone No.	_____	Mobile No.	_____
Sacraments Received	Baptism	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reconciliation Yes <input type="checkbox"/> No <input type="checkbox"/>
	First Communion/Confirmation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Marriage Yes <input type="checkbox"/> No <input type="checkbox"/>

Member 2	Title _____	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Firstname	_____	Surname	_____
Preferred Name	_____	Marital Status	_____
Date of Birth	_____	Country of Birth	_____
Home Phone No.	_____	Mobile No.	_____
Email Address	_____		
Occupation	_____	Other Language Spoken	_____
Work Phone No.	_____	Mobile No.	_____
Sacraments Received	Baptism	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reconciliation Yes <input type="checkbox"/> No <input type="checkbox"/>
	First Communion/Confirmation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Marriage Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you currently contribute to the parish via Weekly Envelopes? Yes No

Would you like to join our Planned Giving System? Yes No

Your new weekly/monthly/quarterly/yearly Pledge? \$ _____

Would you like to use our Direct Debit System? Yes No

Are you or your family interested in participating in any of the ministries of our Parish? Yes No

For Church Use:

Registration Date:		Envelope No.:	
Welcome Letter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Direct Debit :	<input type="checkbox"/> Sent to Parishioner <input type="checkbox"/> Lodged with ADF
PACS Updated:			

Member 2	Title _____	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Firstname	_____	Surname	_____
Preferred Name	_____	Marital Status	_____
Date of Birth	_____	Country of Birth	_____
Home Phone No.	_____	Mobile No.	_____
Email Address	_____		
Occupation	_____	Other Language Spoken	_____
Work Phone No.	_____	Mobile No.	_____
Sacraments Received	Baptism	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reconciliation
	First Communion/Confirmation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Marriage
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Member 3	Title _____	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Firstname	_____	Surname	_____
Preferred Name	_____	Marital Status	_____
Date of Birth	_____	Country of Birth	_____
Home Phone No.	_____	Mobile No.	_____
Email Address	_____		
Occupation	_____	Other Language Spoken	_____
Work Phone No.	_____	Mobile No.	_____
Sacraments Received	Baptism	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reconciliation
	First Communion/Confirmation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Marriage
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Member 4	Title _____	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Firstname	_____	Surname	_____
Preferred Name	_____	Marital Status	_____
Date of Birth	_____	Country of Birth	_____
Home Phone No.	_____	Mobile No.	_____
Email Address	_____		
Occupation	_____	Other Language Spoken	_____
Work Phone No.	_____	Mobile No.	_____
Sacraments Received	Baptism	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reconciliation
	First Communion/Confirmation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Marriage
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Member 5	Title _____	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Firstname	_____	Surname	_____
Preferred Name	_____	Marital Status	_____
Date of Birth	_____	Country of Birth	_____
Home Phone No.	_____	Mobile No.	_____
Email Address	_____		
Occupation	_____	Other Language Spoken	_____
Work Phone No.	_____	Mobile No.	_____
Sacraments Received	Baptism	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reconciliation
	First Communion/Confirmation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Marriage
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Member 6	Title _____	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Firstname	_____	Surname	_____
Preferred Name	_____	Marital Status	_____
Date of Birth	_____	Country of Birth	_____
Home Phone No.	_____	Mobile No.	_____
Email Address	_____		
Occupation	_____	Other Language Spoken	_____
Work Phone No.	_____	Mobile No.	_____
Sacraments Received	Baptism	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reconciliation
	First Communion/Confirmation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Marriage
			Yes <input type="checkbox"/> No <input type="checkbox"/>