



OUR LADY OF THE ANNUNCIATION PARISH PAGEWOOD

25 Donovan Ave, Maroubra, NSW 2035.
Tel: 9344 7914 E-mail: olapagewood@gmail.com

All information
will be treated
confidentially

PARISH REGISTRATION

HOUSEHOLD ADDRESS: _____ DATE completing this form: _____

1ST PARENT/ADULT

Mr/Mrs/Ms: _____ FIRST NAMES: _____ SURNAME: _____

DATE OF BIRTH: _____ RELIGION: _____ MALE/FEMALE: _____

CITY/Country OF BIRTH: _____ Date & Place OF BAPTISM: _____

OCCUPATION: _____ WORK PHONE NO: _____

MOBILE NO: _____ EMAIL ADDRESS: _____

Are you married? Yes/No _____ If yes, PARTNER'S NAME: _____

2ND PARENT/ADULT

Relationship to first adult listed above: _____

Mr/Mrs/Ms: _____ FIRST NAMES: _____ SURNAME: _____

DATE OF BIRTH: _____ RELIGION: _____ MALE/FEMALE: _____

CITY/Country OF BIRTH: _____ Date & Place OF BAPTISM: _____

OCCUPATION: _____ WORK PHONE NO: _____

MOBILE NO: _____ EMAIL ADDRESS: _____

3RD ADULT (if any)

Relationship to first adult listed above: _____

Mr/Mrs/Ms: _____ FIRST NAMES: _____ SURNAME: _____

DATE OF BIRTH: _____ RELIGION: _____ MALE/FEMALE: _____

CITY/Country OF BIRTH: _____ Date & Place OF BAPTISM: _____

OCCUPATION: _____ Mobile/email (optional): _____

4TH ADULT (if any)

Relationship to first adult listed above: _____

Mr/Mrs/Ms: _____ FIRST NAMES: _____ SURNAME: _____

DATE OF BIRTH: _____ RELIGION: _____ MALE/FEMALE: _____

CITY/Country OF BIRTH: _____ Date & Place OF BAPTISM: _____

OCCUPATION: _____ Mobile/email (optional): _____

1ST CHILD (STUDYING)

Year: _____ School: _____

FIRST NAMES: _____ SURNAME: _____

DATE OF BIRTH: _____ RELIGION: _____ MALE/FEMALE: _____

CITY/Country OF BIRTH: _____ Date & Place OF BAPTISM: _____

2ND CHILD (STUDYING)

Year: _____ School: _____

FIRST NAMES: _____ SURNAME: _____

DATE OF BIRTH: _____ RELIGION: _____ MALE/FEMALE: _____

CITY/Country OF BIRTH: _____ Date & Place OF BAPTISM: _____

3RD CHILD (STUDYING)

Year: _____ School: _____

FIRST NAMES: _____ SURNAME: _____

DATE OF BIRTH: _____ RELIGION: _____ MALE/FEMALE: _____

CITY/Country OF BIRTH: _____ Date & Place OF BAPTISM: _____

4TH CHILD (STUDYING)

Year: _____ School: _____

FIRST NAMES: _____ SURNAME: _____

DATE OF BIRTH: _____ RELIGION: _____ MALE/FEMALE: _____

CITY/Country OF BIRTH: _____ Date & Place OF BAPTISM: _____



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PLANNED GIVING

The weekend second collections including planned giving envelopes benefit the parish directly. These donations are currently not tax deductible.

WOULD YOU LIKE TO BE PART OF PLANNED GIVING?

☐ **YES** If yes, please continue below.

- Would you like to donate by credit card?

YES ☐ • An 'Authority for recurring payment by credit card' form will be issued to you to fill out.

NO ☐ • A year's box of weekly envelopes will be allocated to you.

☐ **NO**

Donations made to the Charitable Works Fund (CWF), The Priest Retirement Fund (PFR) and Caritas (Project Compassion) are tax deductible.

VOLUNTEERING IN MINISTRIES

PLEASE TICK THE MINISTRIES YOU THINK YOU WOULD LIKE TO BE INVOLVED WITH:

MINISTRY (generally monthly)	MASS TIME			NAME OF VOLUNTEER & CONTACT DETAILS
	Vigil	8am	10am	
ACOLYTE				
ALTAR SERVER				
READER				
OFFERTORY				
WARDEN				

MINISTRY (monthly)	USUAL DAY OF VOLUNTARY TASK	NAME OF VOLUNTEER & CONTACT DETAILS
FLOWER ARRANGER	Saturday mornings	
MONEY COUNTER	Sunday/Monday mornings	
TIDYING CHURCH PEW	Saturday mornings	
VACCUMING CHURCH	Saturday mornings	

Please read 'OLA Parish Personal Information Collection Notice' on www.olapagewood.org.au/Publications/Forms&Documents/ to understand why we need your personal information.