**Parish of St John the Baptist & St Kentigern**

37 St Ninian’s Road . Corstorphine . Edinburgh . EH12 8AL

Tel: 0131 334 1693 - Email: office.ssjohnbandkentigern@staned.org.uk

**PARISH REGISTER**

**Church normally attended: St John the Baptist St Kentigern**

1. **FIRST ADULT** MaleFemale

|  |  |
| --- | --- |
| **CHRISTIAN NAME:** | **SURNAME:** |
| Date of Birth |  |
| Marital Status |  |
| Address |  | Postcode**:** |
| Home Telephone |  | Mobile: |
| Email |  |
| Religion | Catholic:  | Other (Specify): |
| Nationality | British:  | Other (Specify): |
| Occupation |  |

1. **SECOND ADULT** Male Female

|  |  |
| --- | --- |
| **CHRISTIAN NAME:** | **SURNAME:** |
| Date of Birth |  |
| Marital Status |
| Address |  | Postcode: |
| Home Telephone |  | Mobile: |
| Email |  |
| Religion | Catholic:  | Other (Specify): |
| Nationality | British:  | Other (Specify): |
| Occupation |  |

1. **Other members of your household**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Christian Name** | **Surname** | **Male/****Female** | **Date of Birth** | **Relationship to you** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Are you already helping in the parish – if yes, how?**

|  |  |
| --- | --- |
| 1st Adult: | 2nd Adult: |

1. **Do you wish to volunteer to help in the parish – if yes, how?**

|  |  |
| --- | --- |
| 1st Adult: | 2nd Adult: |

1. **Would you be interested in GIFT AID? If you are a UK tax payer, for every £1 that you donate to the Church the parish can reclaim 25p.**

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| --- |
| 1st Adult: Yes No Already do |
| 2nd Adult: Yes No Already do |

1. **How can the parish help you and your family? Is there any other information you feel we need to know?**

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**Privacy Notice: The information on this form will be stored securely in the Parish files and accessed only by the Parish Priest and relevant administrative staff for parish purposes. Your details will not be shared with anyone else. Your details can be removed from parish files at any time on request.**