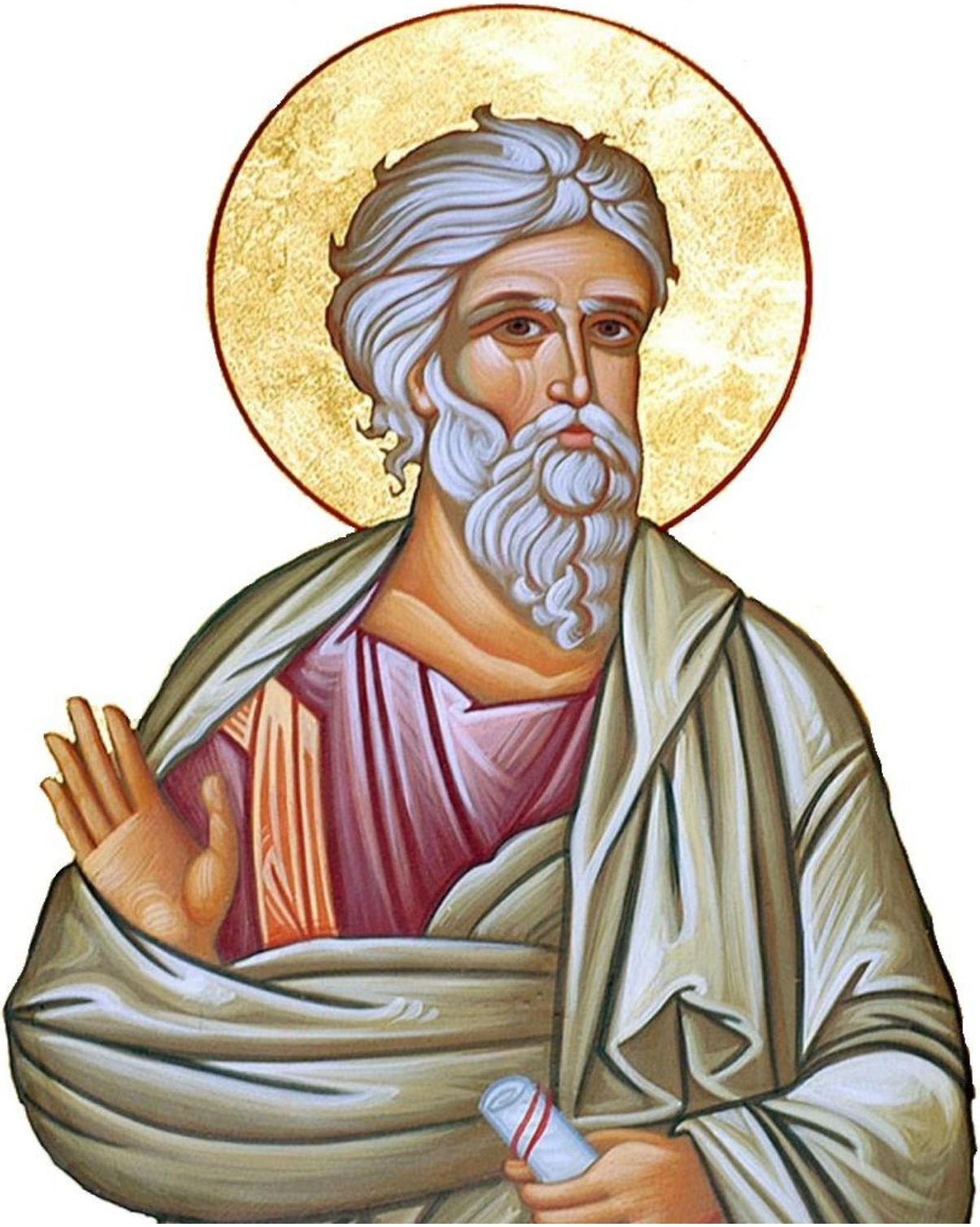

St Andrew's Catholic Parish

Clarkson

PARISH CENSUS

Parish Office
Office's Hours: *Tuesday to Friday:* ***9:00am - 12:00noon***
Address: *60 Victorsen Parade, Clarkson, WA 6030*

Contact
Ph: ***08 9407 9815*** *or* ***08 94077512***
Web: ***standrewsclarkson.com***
Email: *clarksonparish@gmail.com*

AGREEMENT

1. By completing this form, you agree that the information below can be entered into the Parish records.
2. 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.
3. We comply with the Data Protection Act and no information will be passed onto third parties without prior permission.
4. Please complete all the information in **BLOCK CAPITALS** and with the **PROVIDED CODE**. If you need more room then please continue on a separate sheet.

IMPORTANT:
Please be advised that our parish will be contacting you via provided **EMAIL** and/or **MOBILE NUMBER**, and will be sending you the **PARISH WEEKLY NEWS** "**E-BULLETIN**".

CODE EXPLANATION

Codes:

1) **Relationship to Husband:**
S = Spouse
P = Partner
CH = Child
PH = Husband's Parent
PW = Wife's Parent
SH = Husband's Sibling
SW = Wife's Sibling
C = Cousin
U = Uncle
A = Aunty

2) **Marital Status:**
M = Married in Church
MO = Married outside of the Church
CW = Civil Marriage
SI = Single
D = Divorced
SE = Separated
W = Widow

12) **Annulments:**
A = Applied
RD = Received
NR = Not Received

14) **Education:**
(Show Highest Grade)
K-12 = Grade Level
T = Technical/Trade
SC = Some College
A = Attending College
CG = College Graduate
T = Tafe
B = Bachelors
PG = Post-Graduate
MD = Master Degree
PhD = Doctorate
PROF = Professor

15) **Employment Status:**
(List all that apply)
FT = Full Time
PT = Part Time
CL = Casual
U = Unemployed
R = Retired
CS = Child not in school
ST = Student

19) **Mass Attendance:**
RG = Regular
OC = Occasional
SL = Seldom
H = Holidays
EC = Easter and Christmas
N = Never

Planned Giving Enrollment Form

My pledge to St Andrew's Catholic Parish, Clarkson

First Name: _____ Surname: _____

Address: _____ Post Code: _____

Phone: _____ Mobile: _____

Email: _____ Email: _____

SECOND COLLECTION

My / Our pledge is: $_____ Per ☐ **WEEK** ☐ **MONTH** ☐ **QUARTER**

I would like my contribution to be debited from my:

☐ **Bank Account** ☐ **Credit Card** ☐ **Planned Giving Envelop**

Please complete the Electronic Fund transfer form available at the back of the church.

Signature: _____ Date: ____/____/_____

Address: _____ Post Code _____

PARISH TO COMPLETE

My Planned Giving Number _____ Date: ____/____/_____

St Andrew's Parish Census Form

CONFIDENTIAL INFORMATION

Household Information (PLEASE PRINT):

Date: _____

Surname Name: _____ **Phone:** _____ Mobile: _____

Street Address: _____ Post Code: _____

Emergency Contact (EC) Person: _____ EC Phone: _____

1st Householder's Names: _____ **Occupation:** _____ **Place:** _____ **Phone:** _____

2nd Householder's Names: _____ Occupation: _____ Place: _____ Phone: _____

Maiden Name, if applicable: _____ Email Address: _____

Individual Information (PLEASE PRINT):

Names:
List first householder, then second householder, and then all persons in the household, beginning with the oldest child.

Show: Proper first name, middle name, (last name, if different from the family name above.)

To Complete, use the **Codes** found on page 2.

		1	2	3	4	5	Sacraments received					11	12	13	14	15	16	17
		Relationship to 1st Householder	Marital Status	Gender	Birth Date (MM-DD-YY)	Religion	6 Baptism	7 Penance	8 1st Communion	9 Confirmation	10 Marriage	Religious Vocation	Annulments (A – R - NR)	Education	Employment Status	Skills (Job)	Other Spoken Language	Envelope Number
	EXAMPLE: Jim	**W**	**M**	**MY**	**01-10-2018**	**RC**	**Y**	**Y**	**Y**	**N**	**Y**	**N**	**-**	**K-12**	**FT**	**Electrician**	**Polish, German**	**234**
H																		
1																		
2																		
3																		
4																		
5																		
6																		
7																		

St Andrew's Parish Census Form

CONFIDENTIAL INFORMATION

Individual Information (PLEASE PRINT):

Show: Nick name & middle initial List husband first, then wife, and then all persons in the household, beginning with the oldest child.		18	19				20	21	22	23
		Mass attends	Mass				I would like to enroll in the Planned Giving Programme (Page 2) *Weekly, Fortnightly, Monthly*	Are you interested in an adult education program to completed sacraments or to become Catholic?	Membership of the Groups *eg. Knights of St Columba, SVP, etc.*	Roles in the Parish *eg. Eucharistic minister, reader, choir, cleaner, children liturgy, PREP etc.*
			Sat 6 pm	**Sun** 7.30am	**Sun** 9am	**Sun** 5.30pm				
	EXAMPLE: Jim	**R**		√			**Monthly**	**Yes**	**SVD**	**Acolyte**
H										
1										
2										
3										
4										
5										
6										
7										

HOW CAN YOU HELP THE PARISH?

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, usher, children's liturgy, choir, altar server etc.*	**Sick and Housebound** *eg. taking Holy Communion, visiting at home or in hospital, etc.*	**Church Site and Buildings** *eg. gardening , carpenter, plumber, cleaning, sewing, electrician etc.*	**Social** *eg. cooking meals, refreshments after Mass, taking photos etc.*
The Church *eg cleaning, washing vestments and sacred linens, flower arranging etc.*	**Church Groups** *eg. SVP, Rosary, Youth Group, Youth Helper etc.*	**Passing on the Faith** *eg. catechist, RCIA sponsor, marriage preparation, preparing altar servers, readers etc.*	**Finance and Fundraising** *eg. accounting skills, counting the collection, ideas for fund raising, offer sponsorship etc.*