



Selwyn Catholic Parish Enrolment Form

Darfield ● Leeston ● Lincoln ● Rolleston

PLEASE COMPLETE ONE FORM PER HOUSEHOLD

FAMILY NAME: _____

ADDRESS: _____

POSTCODE: _____ NEAREST CHURCH: LEESTON LINCOLN DARFIELD

PLEASE COMPLETE FOR EACH ADULT IN YOUR HOUSEHOLD

FULL NAME: _____ GENDER: _____ DATE OF BIRTH: _____

PHONE: _____ EMAIL: _____ OCCUPATION: _____

MARITAL STATUS: _____ ETHNIC ORIGIN: _____ BAPTISM HOLY COMMUNION CONFIRMATION

FULL NAME: _____ GENDER: _____ DATE OF BIRTH: _____

PHONE: _____ EMAIL: _____ OCCUPATION: _____

MARITAL STATUS: _____ ETHNIC ORIGIN: _____ BAPTISM HOLY COMMUNION CONFIRMATION

CHILDREN UNDER 18 CURRENTLY LIVING IN THIS HOUSEHOLD

FULL NAME: _____ DATE OF BIRTH: _____ M / F _____ BAPTISM HOLY COMMUNION CONFIRMATION

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PRIVACY

In completing this form I agree to my information being used for the pastoral and administrative purposes of The Catholic Parish of Selwyn and the Catholic Diocese of Christchurch. I have obtained consent to provide personal information for all listed above. I agree that my information

will be held at the Parish office or in a secure online environment in accordance with the Privacy Act 2020;

will only be accessed by necessary Parish staff;

will be held securely and will not be shared with third parties unless authorised by me or by law; and

When my information is no longer required for the above purposes, then my information will be disposed of according to the Parish's records disposal procedure. I understand that I have a right to request access to my information and to request correction of my information.

SIGNATURE: _____

DATE : _____

Please Return this form to the Parish Office

Selwyn Catholic Parish, 31 Gerald St, LINCOLN 7608 📧: selwyncatholicparish@gmail.com

🌐: selwyncatholic.nz