

# St Brigid's Parish Registration Form

(Please print your information clearly)



NAMES: .....

(Block Capitals Please)

ADDRESS: .....

.....POSTCODE: .....

HOME PHONE NO: .....MOBILE NO: .....

EMAIL: .....

## CHILDREN'S NAMES

1. .... DOB: ..... SCHOOL: .....

2. .... DOB: ..... SCHOOL: .....

3. .... DOB: ..... SCHOOL: .....

4. .... DOB: ..... SCHOOL: .....

5. .... DOB: ..... SCHOOL: .....

OCCUPATION: .....(Optional)

ARE YOU INVOLVED IN ANY MINISTRY OR GROUP? YES..... NO....

IF YES, WHICH GROUP/MINISTRY: .....

ARE YOU INTERESTED IN GETTING INVOLVED: YES..... NO....

IF YES, WHICH GROUP/MINISTRY? .....

DO YOU CONTRIBUTE TO THE PARISH MONTHLY FAMILY OFFERING? YES..... NO....

IF NOT AND WOULD LIKE TO, YOU CAN SET UP A MONTHLY STANDING ORDER WITH YOUR BANK. OUR BANK DETAILS ARE AS FOLLOWS:

**St. Brigid's Parish Church, Planned Giving Account AIB Bank, Westend Retail Park,  
Blanchardstown, Dublin 15 IBAN: IE33 AIBK 9325 1522 2033 11 (BIC:AIBKIE2D)**

**PLEASE RETURN FORM TO A SACRISTAN OR THE PARISH OFFICE**

### PRIVACY STATEMENT

The information contained in this form will be used to set up a file for you/your family on our Parish Database **We would like to let you know about different future events/celebrations taking place in the Parish.** Are you happy that we use the contact information you have provided to do this? YES

Signature

Date