

Holy Cross Parish Redcliffe Peninsula

Registration Form

If you require more family membe	Information Update er information, please att		h registration form.
Family Surname:	Home Phone:		
Address:			
Mailing Address:	Subur	b:	Postcode:
Which Mass Time do you attend most freq	uently?		
🗆 HCC Sat, 6pm 🛛 🗆 HCC Sun, 9am	🗆 HCC Sun, 5pm	D MQP Sun, 7.3	30am
Ballycara			
Would you like to contribute to the Parish	Giving Program?		
Current Giver D Yes, new giver	□ No		
Would you like to become involved in any	Parish Ministries (pleas	e advise name c	f member interested)?
□ No □ Yes, interested in:			
Would you like to be on the Parish Email List t	o receive newsletters et	c.? □ Yes	□ No
,			
People in the Household: (Please list only	those who identify as	Holy Cross Paris	h parishioners)
Title: Christian Name:		_Surname:	
Preferred Name:	Religion:		
Date of Birth:	Family Role (wife, so	n etc.):	
Marital Status:	Оссир	pation:	
Email:		Gende	r : M/F
Work Phone: Mob	ile:		
Sacraments Received: Baptism	Confirmation	Eucharist	
Are you involved in any Parish ministries?	🗆 No 🗆 Yes (please	e indicate)	
Title: Christian Name:		_Surname:	
	Religion:		
	Family Role (wife, son etc.):		
	Occupation:		
Email:			
Work Phone: Mob			
Sacraments Received:	Confirmation	Eucharist	
Are you involved in any Parish ministries?			



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	Information Update		
Title: Christian Name:	Surname:		
Preferred Name:	Religion:		
Date of Birth:	Family Role (wife, son etc.):		
Marital Status:	Occupation:		
Email:	Gender : M/F		
Work Phone: Mobi	le:		
Sacraments Received: Baptism	Confirmation Eucharist		
Are you involved in any Parish ministries?	NO D Yes (please indicate)		
Title: Christian Name:	Surname:		
Preferred Name:	Religion:		
Date of Birth:	_ Family Role (wife, son etc.):		
Marital Status:	Occupation:		
Email:	Gender : M/F		
Work Phone: Mobi	le:		
Sacraments Received: Baptism	Confirmation Eucharist		
Are you involved in any Parish ministries?	No		
Title: Christian Name:	Surname:		
Preferred Name:	Religion:		
Date of Birth:	_ Family Role (wife, son etc.):		
Marital Status:	Occupation:		
Email:	Gender : M/F		
Work Phone: Mobi	le:		
Sacraments Received: Baptism	Confirmation Eucharist		
Are you involved in any Parish ministries?	No Yes (please indicate)		
The parishes, schools and agencies of the Archdioce about you. We collect personal information directly fr We collect your personal information to fulfil the mis pastoral care to you, to provide you with other servic products we offer, to solicit donations and to com provide is incomplete or inaccurate, we may not be personal information about you to our parishes, school	ivacy collection statement isse of Brisbane (we, us or our) may collect, use and disclose personal information om you and may also collect personal information passively through our website. ission and directions of our organisation, to administer the sacraments and provide ses and products you are seeking, to communicate with you about the services and ply with our legal and regulatory requirements. If the personal information you is able to provide you with the services or products you seek. We may disclose ols and agencies and service providers who assist us in operating our organisation. hurch law to advise that overseas parish of other sacraments you have received. By		

of your personal information, Australian Privacy Principle 8.1 does not apply and you agree that we do not have to take reasonable steps to ensure that information is treated in accordance with the Privacy Act. Our Privacy Policy (https://brisbanecatholic.org.au/privacy-policy/) sets out how you can access and ask for correction of your personal information, how you can complain about privacy-related matters and how we respond to complaints. Contact details: Privacy Officer, GPO Box 282, Brisbane, Queensland, 4001, email: privacyofficer@bne.catholic.net.au or telephone: +61 7 3324 3579

giving us your personal information you consent to us disclosing that information to the overseas parish. By consenting to the disclosure