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**ST AUGUSTINE’S PARISH &**

**AUGUSTINIAN CENTRE**

Augustinian Friars - Order of St Augustine

**PARISH REGISTRATION AND PLANNED GIVING FORM**

**To be returned/posted to parish office**

**PLEASE FILL IN BLOCK CAPITALS**

Title Mr/Miss/Mrs/Other (please specify)………………………………………………................................

Surname ……………………………………………………………………………………………………………………………….

Christian Name ………………………………………………………………………………………………………………………

Date of Birth…………/………../………..

Address………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………………………………………..Post Code……………………………………….

Home Contact Tel. Number ……………………………………………………………..

Mobile Contact Tel. Number …………………………………………………………...

Email (BLOCK CAPITAL)……………………………………………………………………………………………

Spouse/Partner's Name ………………………………………………………………………………………...

Children’s First Names and Date of Birth

1…………………………………………………………………. …………/………../………..

2…………………………………. ……………………………... …………/………../………..

3…………………………………. …………………………….... …………/………../………..

4…………………………………. ……………………………….. …………/………../………..