



PLEASE RETURN TO ST MICHAEL'S CATHOLIC CHURCH

268 High Street

Ashburton VIC 3147

Ph: 9401 6345

E-mail: [ashburton@cam.org.au](mailto:ashburton@cam.org.au)

Do you regard St Michael's as your parish? Yes/No

**HOUSEHOLDER/S**

|       |            |         |               |               |                       |
|-------|------------|---------|---------------|---------------|-----------------------|
| Title | First Name | SURNAME | Date of Birth | Religion      | Occupation (optional) |
| ..... | .....      | .....   | .....         | .....         | .....                 |
| ..... | .....      | .....   | .....         | .....         | .....                 |
| No.   | Street     | Suburb  | Postcode      | Phone: .....  |                       |
| ..... | .....      | .....   | .....         | Mobile: ..... |                       |
|       |            |         |               | E-mail: ..... |                       |

**CHILDREN (OR OTHER ADULTS LIVING AT HOME)**

|       |               |         |          |                   |       |
|-------|---------------|---------|----------|-------------------|-------|
| Name  | Date of Birth | Sex M/F | Religion | Occupation/School | Year  |
| ..... | .....         | .....   | .....    | .....             | ..... |
| ..... | .....         | .....   | .....    | .....             | ..... |
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Would you like information about our Parish Support Program? Yes/No

What ideas or comments do you wish to make? .....

**PARISH MEMBERSHIP**