

HOLY TRINITY CHURCH FAMILY LIST

CHILDREN'S NAMES under 16

Name:M/F DoB:.....

Name:M/F DoB:.....

Name:M/F DoB:.....

CHILDREN'S NAMES aged 16 or over—if living at same address

**I wish to be included in the Holy Trinity Church Family List
I agree to Holy Trinity processing and keeping my personal data for Church
use only.**

If at a later date you wish to withhold your consent please contact the Church Office
on 01737 766604

FULL NAME (BLOCK CAPITALS):	SIGNATURE
(Mr/Mrs/Miss/Ms/Other.....)
.....
(Mr/Mrs/Miss/Ms/Other.....)
.....
(Mr/Mrs/Miss/Ms/Other.....)
.....

Please return completed form to the Red Box on the Welcome Desk.

HOLY TRINITY CHURCH FAMILY LIST

This is our record of all those adults and children who see themselves as part of the Holy Trinity Church family. Copies of this list, omitting the names of children under 16, will be available to other members of the congregation. (A list including children's names will be used by the staff for purposes of pastoral care only.)

Please use one form per family where all family members reside at the same address. Please use **BLOCK CAPITALS**

SURNAME.....(Mr/Mrs/Miss/Ms/Other.....)

FIRST NAME(S)

SURNAME.....(Mr/Mrs/Miss/Ms/Other.....)

FIRST NAME(S)

I wish to be included in the Holy Trinity Church Family List. I agree to Holy Trinity processing and keeping my personal data for Church use only.

If at a later date you wish to withhold your consent please contact the Church Office on 01737 766604.

SIGNATURE..... **DATE:**

ADDRESS:

.....

.....

POSTCODE:

PHONE:.....
(If ex-dir. this information will be withheld from the published list - please indicate)

EMAIL:.....
(For Church Office use only—please print carefully)

PLEASE ADD CHILDREN'S NAMES OVERLEAF

Please return completed form to the Red Box on the Welcome Desk.