

Surfcoast Anglican Parish

Parish Database and Permissions Form

First Name:		Date of Birth		_ / /
Surname:		_		
Partner's Name:				(If applicable)
Date of Wedding (Anni	versary): /	/(If	applicable)	
Surfcoast Address:				
Town:				
Postal Address:				
Town/Suburb:		Post	code	
Telephone:	Mobile Phone:			
Email Address:				
Parish Community:	St Luke's Tra	nsfiguration	St Aidan's	Op Shop
Aged Care Centre:	Star of the Sea	Elouera	Ocean Mist	Anglesea
Names of Children:				(If applicable)
Name of Emergency Co	ontact:			
Phone Number of Emer	gency Contact:			
Area(s) of Assistance:	e.g. Vestry, Op Shop,	Play Group, C	Communion Ass	sistant etc.
				_ (If applicable)
Trade or Professional S	kill:			
Please attach a photog Surfcoast Parish Direct		u would like t	o have it inclu	ded in the next
Declarations: I, the above mentioned being included in the right distributed in February	next edition of the Par	•		- ·
Name	Signature _		Date	//
I, the above mentioned Surfcoast Anglican Pari	. •		graph being pu	blished on the
Name	Signature		Date	/ /