



Te Awakairangi Parish Census – 2017

I am filling this form out for myself OR for a household

Address: _____ Suburb: _____ Postcode: _____ Home phone number: _____

People at this **address** are:

First Name	Preferred Name	Surname	Mobile	Email Address	Age Bracket (tick as appropriate)						
					<13	13-18	19-25	26-45	46-65	66+	

How would you prefer the Parish of Te Awakairangi to communicate with you? By direct mail: By Text: By Email:

Please complete other side

Tell us more about each person at this address (in same order as completed above)

First Name	Occupation / School	Religion (if not a Catholic)	Languages (select all that apply)					
			English	Maori	Samoan	Filipino	Tokelauan	Other (state)

Privacy and Consent:

On behalf of the persons identified on this census form, I acknowledge that the above information is being collected to:

- Update name, address, and contact information for members of the Parish of Te Awakairangi
- To ensure we have an up-to-date record of all parishioners within the Parish of Te Awakairangi
- To enable the Parish of Te Awakairangi to know where parishioners reside so that we can care for their Pastoral needs
- To enable the Parish of Te Awakairangi to communicate with parishioners in the way individual parishioners prefer to receive information

On behalf of the persons identified on this census form, I agree to our information being used as outlined above, and understand that we can access our information at any time to correct any errors or amend our information as and when our circumstances change.

NOTE: This form must be signed by a person who is aged 18 or over.

Signed:

Name:

Date: