|  |  |
| --- | --- |
| Household Address |  |
| Town/City | Click or tap here to enter text. |
| Postcode | Click or tap here to enter text. |



 Please list below those living at this address who wish to be associated with Holywood Parish Church.

 Please also inform us of anyone in, for example. nursing or residential care. Thank You

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname** | **Christian Name/s** | **Preferred Title** | **Date of Birth** | **Phone Number** | **Email Address** |
| Type Here | Type Here | Type | Type | Type Here | Type Here |
| Type Here | Type Here | Type | Type | Type Here | Type Here |
| Type Here | Type Here | Type | Type | Type Here | Type Here |
| Type Here | Type Here | Type | Type | Type Here | Type Here |
| Type Here | Type Here | Type | Type | Type Here | Type Here |
| Type Here | Type Here | Type | Type | Type Here | Type Here |

**Consent, Data Protection and Your Privacy (GDPR Compliance)**

I hereby consent that Holywood Parish Church may retain the information given above [ ]

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_