



ST. JOSEPH'S CHURCH

ALTAR SERVER REGISTRATION 2014/2015

SERVER INFORMATION

First Name _____
 Family Name _____
 Postal Address _____

 Server's Tel N° (if any) _____
 Server's e-mail (if any) _____
 Date of Birth _____

RECEIVED FIRST COMMUNION?

Yes		No	
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YOUR SERVING EXPERIENCE

	at St Joseph's	Other parishes
Never served (New)		
3 Months		
6 Months		
12 Months		
More than a year		

MASSES YOU PREFER TO SERVE (please number in preference of order)

Saturday	6.30pm	
Sunday	9.30am	
	11.00 am	
	12.30pm	
	6.30pm	

PARENT INFORMATION

Parents' First Names: _____
 Family Name _____
 Landline N° _____ Mobile: _____
 E-mail _____

I, _____ (parent's name), agree to the best of my ability to see that my child arrives at St. Joseph's Church and signs in at least 10 minutes prior to the starting time of the Mass that they are scheduled to serve.

Signature _____

The personal contact information contained on this document will be used solely for the purpose of scheduling Altar Servers at St. Joseph's and will be shared only with other Altar Servers for the sole purpose of scheduling replacements.