



R. C. Church of Our Saviour
English Speaking International Roman Catholic Parish of The Hague

PARISH REGISTRATION

PLEASE USE BLOCK CAPITALS

(* Cross out the words that do NOT apply)

DETAILS OF (FAMILY) ADULTS

LAST NAME _____ (Male/Female*)

FIRST NAME _____

NATIONALITY _____

OCCUPATION _____

DATE OF BIRTH (DAY, MONTH, YEAR) _____

.....
LAST NAME OF WIFE BEFORE MARRIAGE _____

OR

LAST NAME OF PARTNER _____

FIRST NAME OF WIFE/PARTNER* _____

NATIONALITY _____

OCCUPATION _____

DATE OF BIRTH (DAY, MONTH, YEAR) _____

.....
RESIDENCE

STREETNAME + HOUSE NUMBER _____

POSTCODE + TOWN/CITY _____

.....
METHODS OF CONTACT

*(Please specify whether **work** or **home** numbers and for **which family member**)*

TELEPHONE NUMBER _____

MOBILE NUMBER _____

E-MAIL ADDRESS _____

.....
Signed _____ Date of Arrival _____

PLEASE TURN OVER TO COMPLETE YOUR REGISTRATION

DETAILS OF CHILDREN:

FIRST NAMES _____
DATE OF BIRTH (DAY, MONTH, YEAR) _____

FIRST NAMES _____
DATE OF BIRTH (DAY, MONTH, YEAR) _____

FIRST NAMES _____
DATE OF BIRTH (DAY, MONTH, YEAR) _____

FIRST NAMES _____
DATE OF BIRTH (DAY, MONTH, YEAR) _____

FIRST NAMES _____
DATE OF BIRTH (DAY, MONTH, YEAR) _____

(Please mention Last Name and/or Nationality, if different from those of the first name on the form)

REQUIRED: Please check this box to acknowledge that by submitting this form, you consent to COS storing this information in our GDPR compliant central database for the Roman Catholic Church in The Netherlands.



WELCOME TO OUR PARISH