Registration form

Joannes de Doper parochie Hoofddorp

You may fill out this form	and hand it in at	the parish secretariat, or ma	il it to secretariaat@hjoar	nnesdedoper.nl		
We request to be	registered in the r	egister of Catholics in the Ne	etherlands (*)			
We request to red	Ve request to receive the parish magazine INFO (for free) We request to receive the parish e-mail newsletter					
We request to be	registered in the r	egister of Catholics in the Ne	etherlands, but be exclude	ed from any correspondence		
Man / Partner						
Surname:						
First names (full names:)						
Date of birth:		Place of birth:				
Religion:	Date and place of baptism:					
Woman / Partner Maiden name:						
First names (full names:)						
Date of birth:		Place of birth:				
Religion:		Date an	d place of baptism:			
Address (**)						
Street and number						
Postal code:			Place of residence:			
Telephone number:		Mol	bile phone number:			
E-mail address:						
Children at this address:						
1 First name	Surname		Full first names:			
					M/F	
Date of birth			Place of birth:			
Religion:		Date an	d place of baptism:			
2 First name	Surname		Full first names:			_
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					·	
Date of birth			Place of birth			
Religion:		Date an	d place of baptism:			
3 First name	Surname		Full first names			
					M/F	
Date of birth	Place of birth					
Religion:		Date an	nd place of baptism:			
Filled out by:		Pla	ice:	Date:		
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(*) upon registration in the register of Catholics in the Netherlands, you will also be registered in the SILA register (www.sila.nl). As a result, information about a change of address is automatically passed on to the church administration. If you do not want this, you can indicate: "no SILA".

(**) In case your address is outside the geographic boundaries of our parish, we will still register you as a parishioner, with our parish as the parish you prefer to participate in. The parish that covers your geographic address will be automatically informed of this.