



Ranelagh Adventist Church Pastoral Information Collection Form

In order to provide pastoral care for you and for your family, please share the following information with us.

1. Your Details

First Name: _____ **Surname:** _____

Gender: male / female / other (please circle) **DOB:** ___ / ___ / _____ (dd/mm/yyyy)

Status: single / married / co-habiting / separated / divorced / widowed / other (please circle)

Full home address: _____

_____ **Eircode:** _____

Email: _____

I would like to be signed up to receive the weekly Ranelagh Adventist Church e-newsletter

Mobile phone: _____

Nationality: _____

2. Your Attendance Status (please tick one only)

- Adventist – membership in Ranelagh Church
- Adventist – membership in another Irish Mission church
- Adventist – membership somewhere else

If you are a baptised member of the Seventh-day Adventist Church and do not hold your membership in Ranelagh, please tick this box if you would be willing to move your membership to Ranelagh Church

Visitor / Regular Attendee to Ranelagh Adventist Church

3. Your Children who are **under 16 years old** (if you have any) – please continue overleaf if you have more children

Child 1

Full Name:

Gender:

DOB:

Mobile:

Child 2

Full Name:

Gender:

DOB:

Mobile:

4. Your Consent

This information will be held securely in our church databases. It will not be shared with anyone outside the Trans-European Division of Seventh-day Adventists, and it will be used only in relation to pastoral care matters.

I consent to the processing & storage of my data. I understand that I can withdraw consent at any time by contacting info@ranelaghadventist.ie

Your Signature: _____

Date: ___ / ___ / _____ (dd/mm/yyyy)