

In order to keep our parish register up to date we ask you to kindly fill in this form and post it as soon as you can to the address on the back of this form. We would appreciate it if you write clearly using capital letters.

NB! The information you provide will be entered into a database for Catholics kept by the Diocese of Stockholm.

Only Catholics will be registered as members, thus paying their Church dues via the Swedish tax system.

Please attach "personbevis"
from the Tax-office.

Name		
Surname		First name
Previous surname		Personal number
All first names		Born in town/city of
Country	Nationality	Citizenship
Occupation	Member of what Church or denomination	
Date of baptism	Name and location of parish where you were baptised	
Date of confirmation	Name and location of parish where you were confirmed	
Date of conversion to the Catholic Church	Name and location of parish where you were received	

Spouse		
Surname		First name
Previous surname		Personal number
All first names		Born in town/city of
Country	Nationality	
Occupation	Member of what Church or denomination	
Date of baptism	Name and location of parish where you were baptised	
Date of confirmation	Name and location of parish where you were confirmed	
Date of conversion to the Catholic Church	Name and location of parish where you were received	

Address	
Street address	Postal number and town/city
Telephone number	E-mail address

Marriage

Marriage rite		If non-catholic, what denomination?	
<input type="checkbox"/> Catholic	<input type="checkbox"/> Non-catholic	<input type="checkbox"/> Civil	<input type="checkbox"/> None
Date of wedding	Name and location of parish (church or establishment) where you were married		

Children (at home)

Surname		Personal number	
All first names		First name	
Date of baptism	Name and location of parish where you were baptised		
Date of first Holy Communion	Name and location of parish		
Date of Confirmation	Name and location of parish where you were confirmed		

Surname		Personal number	
All first names		First name	
Date of baptism	Name and location of parish where you were baptised		
Date of first Holy Communion	Name and location of parish		
Date of Confirmation	Name and location of parish where you were confirmed		

Surname		Personal number	
All first names		First name	
Date of baptism	Name and location of parish where you were baptised		
Date of first Holy Communion	Name and location of parish		
Date of Confirmation	Name and location of parish where you were confirmed		

This information will be stored in a database kept by the Diocese of Stockholm. I (we) give my (our) consent .

Town /city of

Date

Signature

Signature

Please send this form to:

S:ta Eugenia katolska församling
Kungsträdgårdsgatan 12
111 47 Stockholm

Tel 08-505 780 00

Fax 08-611 88 08

Email sthlm.eugenia@katolskakyrkan.se