

**PARISH MINISTRY CONSENT FORM**

**GENERAL DETAILS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Church: Kilmovee ☐ Kilkelly ☐ Urlaur ☐ Glann ☐

Ministry: Minister of The Word ☐ Minister of Holy Communion ☐

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**PARISH INVOLVEMENT**

Available to minister in other Churches of the parish: YES ☐ NO ☐

**DATA PROTECTION**

Name listed in Parish Bulletin/Website Ministries Rota: YES ☐ NO ☐

Contact by Telephone: YES ☐ NO ☐

Contact by Email: YES ☐ NO ☐

Share details with other ministers for rota exchanges: YES ☐ NO ☐

May we use details to contact you about other parish matters: YES ☐ NO ☐

Retain details if you cease to be involved in this ministry: YES ☐ NO ☐

I hereby confirm the details given.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_