

CONTACT TRACING

TITLE: _____ FIRST NAME: _____ LAST NAME: _____

(please write in block letters):

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

TODAY'S DATE: _____

PLEASE TICK WHICH SERVICE YOU ARE ATTENDING TODAY:

OUR LADY OF PEACE

Saturday - 10:00am

Saturday - 6:00pm

Sunday - 9:30am

ST ANDREWS

Sunday - 11:30am

GDPR Consent:

I am providing the above details to the office of Our Lady of Peace Church for the purpose of Contact Tracing should the need arise and I understand that they will be destroyed after 21 days.

- Please tick here to allow us to add your details to the Parish database for future communications

Signature: _____