

St Mary MacKillop Hamilton SACRAMENTAL PROGRAM - ENROLMENT FORM

Please fill in and return to Parish Office: 23 Dinwoodie Street, Hamilton
or admin@westernborder.church

CANDIDATE'S INFORMATION

CANDIDATES FULL NAME: _____

CANDIDATES ADDRESS: _____

DATE OF BIRTH: ____/____/____

DATE AND PLACE OF BAPTISM: _____

Baptism Certificate needs to be sighted.

If your child was baptised within St Mary MacKillop Parish, please bring trifold Certificate.

PARENTS/GUARDIANS INFORMATION

Mother/GUARDIAN NAME: _____

RELIGION: _____

Father/GUARDIAN NAME: _____

RELIGION: _____

CONTACT INFORMATION This will be an important means of communicating with you during the program.

EMAIL ADDRESS: _____ (Required Please print).

MOBILE PHONE: _____

SACRAMENTS TO BE RECEIVED THIS YEAR:

RECONCILIATION ☐ ____/____/____ If already received please date.

CONFIRMATION ☐ ____/____/____ If already received please date.

FIRST EUCHARIST ☐ ____/____/____ If already received please date.

Sacramental Fee \$60 per candidate.

Electronic Transfer Funds available

BSB: 083-663

ACC: 01 715 7303

Reference: Surname & Sac Program

Please contact the Parish Office on 5571 1161, if you need clarification or further information needed about this form or the Sacramental Program in general.