

St Mary MacKillop Parish SACRAMENTAL PROGRAM - ENROLMENT FORM

Please fill in and return to Parish Office or St Mary's School prior to first Meeting of the year.

CANDIDATE'S INFORMATION

CANDIDATES FULL NAME: _____

CANDIDATES ADDRESS: _____

DATE OF BIRTH: _____

DATE AND PLACE OF BAPTISM: _____

If Candidate was not Baptised at St Mary's Hamilton, then a copy of original Baptismal Certificate needs to be sighted prior to reception of Sacraments of Initiation.

PARENTS/GUARDIANS INFORMATION

FATHER'S NAME: _____

ADDRESS (IF DIFFERENT TO CANDIDATE): _____

RELIGION: _____

MOTHER'S NAME: _____

ADDRESS (IF DIFFERENT TO CANDIDATE): _____

RELIGION: _____

CONTACT INFORMATION

EMAIL ADDRESS 1: _____ (Required)

EMAIL ADDRESS 2: _____ (Optional)

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

MOBILE PHONE: _____ (Father)

MOBILE PHONE: _____ (Mother)

SACRAMENTS TO BE RECEIVED THIS YEAR: If not, then year already received.

Sacrament of Healing: RECONCILIATION: _____ Y/N

Sacraments of Initiation CONFIRMATION: _____ Y/N

FIRST EUCHARIST: _____ Y/N

Signed: Mother/Guardian Father/Guardian: _____

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.