



SACRAMENTAL PROGRAM ENROLMENT FORM

To be eligible to receive the Sacraments of Initiation your child must be already baptised in the Catholic Church, be in Year 3 or older and attend Mass in Branxton-Greta Parish.

CANDIDATE'S DETAILS

SURNAME: _____ ALL GIVEN NAMES: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ M/F: _____

DATE OF BAPTISM: _____ PLACE OF BAPTISM: _____
(IF NOT BAPTISED IN SINGLETON PLEASE SUPPLY A COPY OF BAPTISM CERTIFICATE)

CONFIRMATION NAME: _____ SPONSORS NAME: _____
(SAINT OR BIBLICAL NAME) (MUST BE A CATHOLIC OVER 16 YEARS & NOT THE PARENT)

SCHOOL: _____ YEAR: _____ AGE NOW: _____

FATHER'S SURNAME		DATE OF BIRTH:	RELIGION:
FATHER'S GIVEN NAMES			DATE & PLACE OF BAPTISM:
MOTHER'S SURNAME		DATE OF BIRTH:	RELIGION:
MOTHER'S GIVEN NAMES			DATE & PLACE OF BAPTISM:
MOTHER'S MAIDEN NAME			
RESIDENTIAL ADDRESS			
PHONE		EMAIL	

//We agree to our child receiving the Sacraments of Initiation as per the "Becoming Disciples" Diocesan Policy

Signed: _____ Date: _____

The Singleton & Branxton Parishes adheres to the Privacy Act 1988, as amended and the Act 2000. The purpose of your personal information being collected is to effectively manage the parish and its services. Should you wish to access your personal information for either viewing, updating or deleting from our database you may do so. Our Privacy Policy may also be viewed or a copy may be obtained by writing to us at: 5/16 Cambridge St, Singleton NSW 2330; Ph: 6572 1824 / Email: singleton.branxton@mn.catholic.org.au

Office Use:

ENROLMENT FEE PAID ON: _____ PAYMENT METHOD: _____

RECONCILIATION DATE: _____ CHURCH: _____

CONFIRMATION DATE: _____ CONFIRMED BY: _____

PARISH REGISTER NO: _____ ENTERED IN REGISTER: _____ ENTERED IN PADRE: _____

STAFF NAME: _____ OUTSIDE PARISH NOTIFICATION SENT: _____

HOLY COMMUNION DATE: _____ CHURCH: _____