

## SACRAMENTS OF INITIATION: RECONCILIATION, CONFIRMATION and FIRST HOLY COMMUNION

## 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 Singleton Parish.

	·	3 or older and attend Mass	in Singleton Parish.
CANDIDATE'S DETAILS			
SURNAME:	ALL GIVEN NAMES:		
DATE OF BIRTH	PLACE OF BIRTH:		M/F·
DATE OF BIRTH.	I LAOL	- Or Biltin	
DATE OF BAPTISM:	PLACE	OF BAPTISM:	
(IF NOT BAPTISED IN SINGLE)	ON PLEASE SUPPLY A CC	DPY OF BAPTISM CERTIFICAT	(C)
CONFIRMATION NAME:	ONFIRMATION NAME: SPONSORS NAME:		TD 46 VEADS 9 NOT THE DADENT)
(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:
TATTIER 3 GIVEN NAMES		DATE OF BIRTH:	RELIGION:
MOTHER'S SURNAME		DATE OF BIRTH.	
MOTHER'S GIVEN NAMES			DATE & PLACE OF BAPTISM:
MOTHER'S MAIDEN NAME			
RESIDENTIAL ADDRESS			
PHONE	EMAIL		
I/We agree to our child receiving	ng the Sacraments of Initia	tion as per the "Becoming Di	sciples" Diocesan Policy
Signed:		-	Date:
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effectively manage the parish and its so	ervices. Should you wish to acces	s your personal information for either	ose of your personal information being collected is to viewing, updating or deleting from our database you ge St, Singleton NSW 2330; Ph: 6572 1824 / Email:
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 PARIS	H NOTIFICATION SENT:	
HOLY COMMUNION DATE:		CHURCH:	