



SACRAMENT OF

CONFIRMATION ENROLMENT FORM



PLEASE PRINT CLEARLY IN BLOCK LETTERS

STUDENT INFORMATION

Surname: _____

Given Names: _____

Address: _____ Suburb: _____ Postcode: _____

School Attending: _____ Year/Class: _____

Date of Birth: _____ Gender: Male / Female (please circle)

Date of Baptism: _____

Parish and Place of Baptism: _____

FAMILY INFORMATION

Full Name of Father: _____ Religion: _____

Full Name of Mother: _____ Religion: _____

Mother's Maiden Name: _____

MAIL and PHONE CONTACT

(Name and address of the preferred contact person for the student)

Name: _____

Address (if different): _____ Postcode: _____

Email address: _____

Home Phone: _____ Mobile Phone: _____

Please turn over for more

SACRAMENT HISTORY

Has your child completed the following sacraments?

• **FIRST RECONCILIATION** Yes / No (please circle)

Parish where First Reconciliation was made: _____

If not Our Lady of the Mission Whitford Parish, please attach certificate.

• **FIRST HOLY COMMUNION** Yes / No (please circle)

Parish where First Holy Communion was made: _____

If not Our Lady of the Mission Whitford Parish, please attach certificate.

PARENTAL COMMITMENT

As the first educators of my / our child, we would like to enrol them for the Sacrament of Confirmation and agree to fully support them in their preparation for this Sacrament.

Signed: _____

Signed: _____

Name: _____

Name: _____

Date: _____

Date: _____

The Sacrament fee charged is \$50.00 and this fee is payable at the time of enrolment.

** Please note: Enrolment fees can now be paid by EFTPOS on the enrolment weekend, but this must be noted on your form by a priest, parish office staff or the Sacramental Coordinator.*

PARISH SACRAMENTAL COORDINATOR

9307 2776

sacramental.whitford@perthcatholic.org.au



Our Lady of the Mission
Whitford Parish

"Where two or three meet in my name,
I am there among them." Matt 18:20