

St. Mary's Parish, Avondale

SACRAMENTAL PROGRAMME

Registration Form

Child's name: _____
(as in Baptism Certificate)

Child's age: _____ Date of birth: _____

Parents' names: Mother: _____

Father: _____

Religion: Mother _____ Father _____

Address: _____

Parish: _____

Studying Catholic School Yes/No State School Yes/No Home Schooling Yes/No

Parents' phone number: _____

Parents' email: _____

SACRAMENTS:	<u>Already received:</u>	<u>Would like to receive:</u> (this year)
Baptism	<input type="checkbox"/>	<input type="checkbox"/>
Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>
First Holy Communion	<input type="checkbox"/>	<input type="checkbox"/>

If your child has been baptised, please fill in the details below:

Name of Parish where your child was baptised: _____

Parish address of where your child was baptised: _____

Date when your child was baptised: _____ (Actual) _____ (Approximate)

Signature of Parent/Guardian

Date

Official use only
