

**SAINT PAUL OF THE CROSS - DULWICH HILL
CANDIDATE INFORMATION & ENROLMENT FORM
SACRAMENT OF CONFIRMATION - 2018**

Name:		
Date of Birth:		
Current Address:		
State:	Suburb:	Post Code:
School Attended:		Year/Class:

SACRAMENT INFORMATION

*NOTE: If **NOT** Baptised / First Reconciliation / First Holy Communion at Saint Paul of the Cross, please provide the Church Name, City and Date the Sacraments took place. A **COPY** of EACH of the Baptismal, First Reconciliation and First Holy Communion Certificates **MUST** be provided for Parish records, in English, or translated and certified as a TRUE COPY of each.*

BAPTISM: SUBURB: CITY:	BAPTISM DATE:
RECONCILIATION: SUBURB: CITY:	RECONCILIATION DATE:
FIRST HOLY COMMUNION: SUBURB: CITY:	FIRST HOLY COMMUNION DATE:

PARENTAL INFORMATION

Fathers' Name:		Mob/Ph:
Mothers' Name:		Mob/Ph:
Maiden Name:		

Please provide an Email address to be used for all contact and for information to be provided.

Email:	
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SPONSOR INFORMATION (IF KNOWN)

Full Name:*
Parish attending:
Sponsor Phone:

The general rules are that the Sponsor must be a practicing Catholic over the age of 18; Candidates can only nominate one Sponsor and ideally not a parent or grandparent of the Candidate. The selection of a Saint and a Sponsor must be finalised by **3rd June 2018. More information and guidance will be provided at the Class Lessons.*

SAINT INFORMATION (IF KNOWN)

Name of Saint:

(Please print and be accurate eg. St Catherine of Sienna, not just St Catherine, as there is not just one St Catherine)

PARENTAL PERMISSIONS

I authorise the information provided on this Enrolment Form to be used and recorded for the purpose of Sacramental preparation. This includes entry into the Parish Register and issuing of a Certificate with my child's details. I have made full payment for this Sacrament.

Signature of Applicant:

Date:

Signature of Candidate:

Date:

OFFICE USE ONLY

Received By:

Certificate Provided: YES / NO

Payment Amount:

\$

By:

Receipt No.

Date:

Date:

