

**SAINT PAUL OF THE CROSS DULWICH HILL FIRST  
HOLY COMMUNION REGISTRATION 2018**

**CANDIDATE INFORMATION**

Name:

Date of birth:

Current address:

City:

State: NSW

Post Code:

School attended:

Year/class:

**SACRAMENT INFORMATION**

Please clearly write the name of the city; the church and the date the Sacrament took place. If NOT Saint Paul of the Cross Dulwich Hill, please provide a COPY of the Sacrament certificate.

BAPTISM:

DATE:

RECONCILIATION:

DATE:

**PARENTAL INFORMATION**

Fathers' full name

Phone:

Mothers' name

Maiden name:

Phone:

Please provide an email contact address where all information can be mailed to, including homework, updates regarding classes etc.:

Email:

**PARENTAL PERMISSIONS**

I authorize the information provided on this 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 included payment for this Sacrament, set by Parish administrator, Fr. Kim Ha-\$50.00

Signature of applicant:

Date:

Signature of candidate:	Date:
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OFFICE USE		
Certificate provided:	Payment Received:	By:
		Date:

