

**SAINT PAUL OF THE CROSS DULWICH HILL
RECONCILIATION 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: St Paul of the Cross	DATE: 13/03/18

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, up dates 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 \$50.00

Signature of applicant:	Date:
Signature of candidate:	Date:

OFFICE USE		
Certificate provided:	Payment Received:	By:
		Date:

