



Sacramental Program 2010 Enrolment Form.

Full Name of Candidate

Date of Birth

Address

.....

Phone Number

Father's Name

Mother's Name

School Attending

Year Level

Baptismal Record

Date of Baptism

Place of Baptism

(PLEASE PROVIDE A PHOTOCOPY OF THE BAPTISMAL CERTIFICATE)

Please complete the following by ticking the relevant boxes:

I wish my child to receive the Sacraments of:

- Reconciliation (Confession)
- Confirmation
- Eucharist (First Communion)
- I give permission for my child's name and photo to be published in the parish newsletter and on the St Mark's web page.

Signed:

Name:

Enrolment form, with copy of Baptismal Certificate, can be delivered to the Parish Office at :
 96 Lilac St, Inala *or posted to:*
 PO Box 352, Inala Q 4077