

APPLICATION FOR THE PARISH SACRAMENTAL PREPARATION PROGRAM 2022/2023

Sandy Starbuck

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Full name of
child:[1]
Full name of
child:[2]
School they attend: Year: Date of Birth:/ M/F
Please circle - Sacrament requested:
Reconciliation (yr 3 and above) Eucharist (year 4 and above) Confirmation (year 6 and above)
Father's Name:
Mobile:Email:
Mother's Name:
Mobile:Email:
Child resides at (Address):
Child was baptized at (name of Church):
Address: PostCode:
[A copy of baptism certificate MUST be supplied prior to sacrament classes starting – via email or post]
[A copy of baptism certificate wost be supplied prior to sacrament classes starting will email or post;
Where does the family attend Church? (please circle which is applicable)
NAZARETH CENTRE – MERNDA St MARY'S CHURCH – WHITTLESEA St MARY'S KINGLAKE
STIMANT SCHOKETT WHITTELSEA
Best contact number::
Dest contact number
EVI
FYI:
FOR OFFICE USE ONLY:
ENTERED ON PACSSacraments Co-ordinator DatabaseForm to SandyENTERED ON EMAIL GROUP LIST