St. Andrew's Parish

105 Greaves Street North, Werribee VIC 3030
Phone: 9741 4144 Fax: 9741 4433
ABN No. 28681862552
ALL CORRESPONDENCE TO:
P.O. Box 872, WERRIBEE VIC 3030
Website: www.standrewswerribee.org.au
Email: werribee@cam.org.au

SACRAMENTAL INFORMATION FORM 2024

Child's Full Name(Incl middle names):_____

_____

Residential Address:_____

Date of Birth:_____/_____/_____ Date of Baptism:_____/_____/_____

Parish/Place of Baptism:_____

Tick Sacraments Received: □ **Pre-Sacrament** □ **Baptism** □ **Reconciliation** □ **Eucharist** □ **Confirmation**
(Please attach copies of any Sacraments received)

Does the child/young person identify as Aboriginal or Torres Strait Islander? YES ☐ NO ☐

Current School_____ Year level in 2024: _____ Age: _____

Any Health Issues or Learning Difficulties:_____

_____

Father/Legal Guardian Information

Name :_____

Residential Address:_____

_____ Postcode:_____

Phone Numbers: Mobile/Home:_____ Religion:_____

Email :_____

Signature Father/Legal Guardian :_____

Mother/Legal Guardian Information

Name :_____

Residential Address:_____

_____ Postcode:_____

Phone Numbers: Mobile/Home:_____ Religion:_____

Email :_____

Signature Mother/Legal Guardian : _____

Please Note: Both parents need to sign the enrolment form and submit a copy of either parents Baptism Certificate.

Are you and your family enrolled members of St. Andrew's Parish? **Yes/No** (Please circle)
Do you contribute to St. Andrew's Parish Stewardship Program? **Yes/No** (Please circle) **Stewardship No**:_____