Details for Candidate to receive the Sacrament of Reconciliation & Eucharist

Parent/Guardian name: _____

Mobile Number: _____

Email address: _____

Address: _____

Child's Name: _____ D.O.B. _____

School attending: _____ Grade: _____

My child celebrated Baptism on _____ at the Parish of _____

Copy of Certificate attached: ☐ Obtaining copy of my child's certificate from the above Parish: ☐

Does your child have any medical issues that we should know about? _____

_____

I give permission for my child named above to attend Sacramental Preparation at St Mary Immaculate and will be committed to bring my child to attend all 6 sessions.

Parent/Guardian name: _____ Signature: _____

Date: _____