THE CATHOLIC PARISHES OF YARRAVILLE AND KINGSVILLE

ST. AUGUSTINE'S CHURCH YARRAVILLE

Corpus Christi Church KINGSVILLE

ANNUNCIATION CHURCH BROOKLYN

Confirmation Enrolment Form 2026

CANDIDATES DETAILS

Surname _____

Christian Name _____

Preferred Name _____

Current Address _____

Postal Address
(if different to above) _____

Date of Birth _____ **Religion** _____

School attending _____ **Grade** _____

Baptism Details *(Copy of Baptism Certificate must be supplied with Enrolment)*

Church _____

Suburb _____ **Date Baptised** _____

Has your child received the Sacrament of Reconciliation? ☐ Yes ☐ No
(Copy of Certificate to be provided with Enrolment Form)

Has your child received the Sacrament of First Eucharist? ☐ Yes ☐ No
(Copy of Certificate to be provided with Enrolment Form)

CANDIDATES PARENTS

Fathers Details

Full Name _____

Religion _____ **Mobile** _____

Email _____

Mothers Details

Full Name _____ **Maiden Name** _____

Religion _____ **Mobile** _____

Email _____

Parent Signature _____ **Date** _____

OFFICE USE ONLY Enrolment received _____ Payment received _____