

Church of the Immaculate Conception Capper St (PO Box 600) TUMUT NSW 2720 Ph 6947 4599 Email tumut@cg.org.au

Fr Joseph Neonbasu (Parish Priest)

2024 Registration for the Sacrament of First Reconciliation

Candid	ate Full Nar	me		
Sex:	Male Female Date of Birth			th
Addres	s			
Date of Baptism Parish				aptism
		oy of your child's Bap Parish Office if your c		I the Sacrament of Baptism
	Мо	ther		Father
Full Nar	me			
Maiden	Name			-
Address				
Phone I	No			
Email				
Religior	ı			
arish/0	Church			
_		tain a supportive ei	nvironment for our	child through participating in the Sacrament
orepar We hav		understand the de	tails regarding prep	paration class dates and Mass times.
Mother's signature			Fai	ther's signature
We are	happy for	a photo from the S	acrament to be use	ed on the Parish Facebook page - Yes No
Whilst to provide A \$30 a	the resourc dmin fee wil	es required to celebr I cover these costs.	rate the Sacraments.	osts to maintain the church, provide for the priests and
Please place cash or cheque in an envelope with your child's name & Sacrament on the front. Thank you				Office Use Only Conv of Bantism Certificate attached Yes No.

Parish Registration confirmed

Payment received

Yes

Yes

No

No