

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)

2025 Registration for the Sacrament of First Reconciliation

Cand	idate Ful	l Name					
Sex:	Male	Female	Date of Birth		School: Franklin	McAuley	Tumut
Addr	ess						
Date	of Baptis	m	Parish	of Baptism			
			nild's Baptism Certificate. e if your child has not rece	ived the Sacrament o	of Baptism		
		Mother		Father			
Full N	ame						
Maide	en Name						
Addre	ess						
Phone	e No.						
Email							
Religi	on						
Parish	n/Church						
	_	naintain a supp	oortive environment for (our child through po	articipating in the So	acrament	
•	aration. ave read	and understar	nd the details regarding _l	oreparation class d	ates and Mass times	5.	
Moth	ner's sign	ature		Father's signature			_
			om the Sacrament to be				
Whils provid A \$30	de the res admin fe	aments are avai ources required e will cover thes			the church, provide fo	or the priests	and
	•	•	an envelope with your ne front. Thank you	Office Use Only Copy of Baptism Co	ertificate attached	Yes N	0

Parish Registration confirmed

Payment received

Yes

Yes

No

No