



Church of the Immaculate Conception  
 Capper St (PO Box 600) TUMUT NSW 2720  
 Ph 6947 4599  
 Email [tumut@cg.org.au](mailto:tumut@cg.org.au)  
 Fr Joseph Neonbasu (Parish Priest)

## 2025 Registration for the Sacrament of Holy Communion

Candidate Full Name \_\_\_\_\_

Sex: Male Female Date of Birth \_\_\_\_\_ School: Franklin McAuley Tumut

Address \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Parish of Baptism \_\_\_\_\_

Please include a copy of your child's Baptism Certificate.

Please contact the Parish Office if your child has not received the Sacrament of Baptism

	Mother	Father
Full Name	_____	_____
Maiden Name	_____	
Address	_____ _____	_____ _____
Phone No.	_____	_____
Email	_____	_____
Religion	_____	_____
Parish/Church	_____	_____

*We agree to maintain a supportive environment for our child through participating in the Sacrament preparation.*

*We have read and understand the details regarding preparation class dates and Mass times.*

Mother's signature \_\_\_\_\_ Father's signature \_\_\_\_\_

We are happy for a photo from the Sacrament to be used on the Parish Facebook page - Yes  No

### Administration Fee

Whilst the Sacraments are available at no charge, there are costs to maintain the church, provide for the priests and provide the resources required to celebrate the Sacraments.

A \$30 admin fee will cover these costs.

Please place cash or cheque in an envelope with your child's name & Sacrament on the front. Thank you

#### **Office Use Only**

Copy of Baptism Certificate attached	Yes	No
Parish Registration confirmed	Yes	No
Payment received	Yes	No