

Church of the Immaculate Conception
Capper St (PO Box 600) TUMUT NSW 2720
Ph & Fax 02 69449500
Email tumut@cg.org.au
Fr George Ogah (Parish Priest) , Fr Namora Anderson (Assistant Priest)

2022 REGISTRATION FOR SACRAMENT OF FIRST HOLY COMMUNION

| CANDIDATE: | | | |
|---|-----------|----------|--------|
| FULL NAME: | SEX: | MALE | FEMALE |
| DOB: | | | |
| ADDRESS: | | | |
| DATE OF BAPTISM: | | | |
| PARISH OF BAPTISM: | | | |
| Please include a copy of your child's baptism certificate | | | |
| FATHER: | | | |
| FULL NAME: | | | |
| ADDRESS: | | | |
| PHONE: | | | |
| EMAIL: | | | |
| RELIGION: | | | |
| PARISH/CHURCH: | | | |
| MOTHER: | | | |
| FULL NAME: | | | |
| MAIDEN NAME: | | | |
| ADDRESS: | | | |
| PHONE: | | | |
| EMAIL: | | | |
| RELIGION: | | | |
| PARISH/CHURCH: | | | |
| We agree to maintain a supportive environment for our child through participate when the details regarding preparation class dates of | ment prep | aration. | |
| SIGN: 1 2 | | | |

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 \$50 Administration fee covers these costs Immaculate Conception Parish BSB 062 786 ACC 000015149

Please Reference your surname and 'SPP' (Sacramental Preparation Program)

| OFFICE USE ONLY | | |
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| BAPTISM CERTIFICATE SIGHTED | YES | NO |
| PARISH REGISTRATION CONFIRMED | YES | NO |
| PAYMENT RECEIVED | YES | NO |