



**ST MATTHEW & ST VINCENT DE PAUL PARISH  
SOUTH BELCONNEN**

ARANDA MASS CENTRE: 7 BINDEL ST  
PAGE MASS CENTRE: 12 CHEWINGS ST

**SACRAMENTAL PROGRAMME 2019**

**REGISTRATION FORM**

**CHILDS FULL NAME:** .....(Please print clearly)

**ADDRESS:** .....

**DATE OF BIRTH:** ..... **M/F**

**CONTACT Phone:** (home) ..... (mobile) .....

**CONTACT email:** .....

**FATHER'S NAME (in full):** .....**Religion:** .....

**MOTHER'S NAME (in full):** .....**Religion:** .....

**MOTHER'S MAIDEN NAME:** .....

**DETAILS FOR CHILD RECEIVING SACRAMENT**

**CHILD'S NAME (in full):** .....**Age:** .....

**CHILD'S SCHOOL:** ..... **SCHOOL YEAR:** .....

Sacraments already received

- **Baptism - Place:** .....**Date:** .....
  - **At St Vincent's Church or St Matthew's Church (no need to supply copy)**
  - **Other Church (An electronic copy of the baptism certificate must be emailed to the Parish Office: belconnensouth@cg.org.au)**  
**Church & Address:** .....
- **First Reconciliation** **Date:** .....  
**Church & Address:** .....
- **Confirmation** **Date:** ..... **(If completed in another Diocese)**  
**Church & Address:** .....

**SACRAMENTS to be RECEIVED:**

**First Holy Communion & Reconciliation**  **\$50**

**Confirmation**  **\$50**