



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

PAGE MASS CENTRE: 12 CHEWINGS ST

ARANDA MASS CENTRE: 7 BINDEL ST

**SACRAMENTAL PROGRAMME 2021**

**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 Parish or St Matthew's Parish**
  - **Other Church (A electronic copy of the baptism certificate must be uploaded)**  
**Church & Address.....**
- **First Reconciliation Date .....**  
**Church & Address.....**
- **Confirmation Date .....**  
**Church & Address.....**

**SACRAMENTS to be RECEIVED:**

RECONCILIATION  \$ nominate a financial offering

CONFIRMATION  \$ nominate a financial offering