

St Christopher's Cathedral

Cnr. Canberra Avenue and Furneaux Street, FORREST ACT 2603

Parish Office: 55 Franklin Street, FORREST ACT 2603 Tel: +61 (02) 6234 5546, email: cathedral@cg.org.au www.cg.org.au/cathedral

Administrator: Fr Warrick Tonkin

recorded.

ST CHRISTOPHER'S CATHEDRAL PARISH SACRAMENTAL PROGRAM ENROLMENT FORM 20_____ (enter year)

Child's Details:					
Family Name	Othe	Other Names			
Date of Birth	Current Scl	Current School		.Grade	
Place of Baptism					
□ Copy of Baptism Ce	rtificate attached				
Give details of any medic	al/behavioural condition or	allergies we ne	ed to know abou	ıt your child	
Sacraments already red Penance (Reconci Eucharist (First Co Confirmation *your child must be baptise prior to being Confirmed.	liation)	Sacraments Penance (Re Eucharist (Fi Confirmation	to be received econciliation) rst Communion)	in	
Parents/Guardians Deta	ails:				
(Parents) Name(s)					
Address					
Telephone: (H)	(W)	(۱	И)		
Email					
child's Baptismal Certificate m *This money is requested to a candles and certificates. Pleas payment. The Donation payment can be over the phone or by direct ba follows:	email	stopher's Cathedra e O'Connor, Parish e workbooks, teach should you have a credit card paymen do a bank transfer Bank: BSB Number:	al Parish') and a cop n Secretary. ning texts, medallion my concerns in making t either in person at , our banking details Commonwealth, M 062786	s, stoles, ing this this office or are as anuka	
or Reconciliation 4.8.15). Ple	ase email a copy of the banking	receipt to this office	ce so your payment o	can be	