



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)

## 2026 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

<b>Office Use Only</b>		
Copy of Baptism Certificate attached	Yes	No
Parish Registration confirmed	Yes	No
Payment received	Yes	No