**St Joseph Pignatelli Catholic Church**

Cnr Wichmann Rd and Galloway St, ATTADALE

 Tel: (08) 6181 5020 Email: attadale@perthcatholic.org.au

**SACRAMENT OF CONFIRMATION ENROLMENT FORM 2024**

Please use **BLOCK LETTTERS** when completing this form

|  |  |
| --- | --- |
| **LAST NAME:**  |   |
| **FIRST NAMES:**  |   |
| **CONFIRMATION NAME:**  |   |
| **DATE OF BIRTH:**  |   |
| **FULL NAME OF FATHER:**  |   |
| **FULL NAME OF MOTHER:**  |   |
| **MOTHER’S MAIDEN NAME:**  |   |
| **HOME ADDRESS:**  |   |
| **SUBURB & POSTCODE:**  |   |
| **CONTACT NUMBER:**  |   |
| **EMAIL ADDRESS**  |   |
| **NAME OF SPONSOR:**  | *Confirmed and a practicing Catholic over 16*   |
| **DATE OF BAPTISM:** (of candidate) |   |
| **NAME OF CHURCH:** (where baptised) |   |
| **ADDRESS, CITY AND COUNTRY:**  |   |
| **CANDIDATE’S SCHOOL**  |   |
| **PARISH USUALLY ATTENDED**  |   |

**Important Information**

Please note:

* **PARENT CHILD WORKSHOP: Monday**

22nd April 2024 at 3.30PM or 5PM

* **RETREAT: Friday** 26th April 2024 at Bournhill Hall

* **CONFIRMATION: Wednesday** 15th May 2024 at 6pm

**Enrolment in Parish Religious Education Program Required *(Required if your child does not attend a Catholic school)***

**Yes No**

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|  **Attached:** 1. **Copy of Baptism Certificate**

1. **Enrolment Fee $50**

 **Cash Cheque** **Direct deposit Lodged to:** St Joseph Pignatelli Parish Catechists Account **BSB:** 086 - 006 **& Account No.** 5381472821. **Completed Parish Membership and DDR if not already a Member**

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 I certify that the above information that I have provided is true.

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