**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.** 538147282     1. **Completed Parish Membership and DDR if not already a Member** |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date