



CHILD

ST PAUL'S PARISH, WOODRIDGE - REGISTRATION FORM SACRAMENT OF CONFIRMATION (GRADE 3 & OLDER)

Please print in CAP	ITAL LETTERS.	Date :		
Boy Girl	(Please tick)			
Name of Child	First Name			
	First Name	Middle Name/s	Surname	
Name of Parents				
	Father			
	Mother			
Address				
Phone	(Mobile)		(Home)	(Work)
Date of Birth				
Baptised? Yes	No Place of Baptism _		Date of Baptism	
School Attended			Grade	
(You will need to bri of registration).	ing a copy of your child's baptisma	al certificate, child's b	oirth certificate or travel do	cument at time
CONFIRMATION	NAME:			
NAME OF SPONS (Godparent/s for co	. ,			
Sacraments Materi	al Fee (\$15)			
In Case of Emerger Does your child requ	ncy aire any special attention (eg allerg	ies, medication etc)	Yes () No ()	
If Yes please indicat	e			
Contact phone numb	per if we encounter any emergency.	. Name:	Phone	

PARISH PRIVACY STATEMENT:

We are committed to protecting the privacy of your information. The information you provide may be used for a variety of purposes including the provision of pastoral services, maintaining and developing our Parish infrastructure and communicating with you on what is happening within our Parish community.





ADULT

ST PAUL'S PARISH, WOODRIDGE - REGISTRATION FORM SACRAMENT OF CONFIRMATION

Title: Mr	□ Miss □ Mrs □ Ms □	(Please tick)	Date:	
Traine	First Name	Middle Name/s	Surname	
Address				
			Postcode:	
Phone	(Home)	(Work)	(Mobile)	
Date of Bir	-th			
Name of Pa				
		Father		
		Mother		
Bantised? Yes No Place of B		Baptism:	Date of Baptism:	
	eed to bring a copy of your Ba bring a photo ID, passport, or b		the Sacraments. It will be a big he	p if
CONFIRM	IATION NAME:	_		
	SPONSOR(S): t/s for confirmation)			
Sacrament	s Material Fee (\$15):			
In Case of	Emergency me:		Phone	

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