**St. Joseph Syro-Malabar Parish, Perth, WA**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parish Registration Number |  | | | | | | | | | | | | | | |
| Name of the Candidate |  | | | | | | | | | | | | | | |
| Baptism/Christian Name |  | | | | | | | | | | | | | | |
| Date of Birth |  | | | | | | | Male / Female (Please circle) | | | | | | | |
| 2020 School Year |  | | | | | | | | | | | | | | |
| Sacraments Received | Baptism | | Reconciliation | | | | Holy Communion | | | | | | | Confirmation | |
| Catechism Centre | Embleton | | | Joondalup | | Maddington | | | | | | | Willetton | | Other |
| Name of Father |  | | | | | | | | Mob. No. | | |  | | | |
| Father’s Email Id |  | | | | | | | | | | | | | | |
| Name of Mother |  | | | | | | | | Mob. No. | | |  | | | |
| Mother’s Email Id |  | | | | | | | | | | | | | | |
| Emergency Contact No. |  | | | | | | | | | | | | | | |
| Family Unit Name |  | | | | | | | | | | | | | | |
| Residential Address |  | | | | | | | | | | | | | | |
| Is your child receiving the Sacraments at Maddington? If yes, please tick which sacrament. | YES | First Holy Communion | | | | | | | | | Confirmation | | | | |
| NO |
| Does your child have any medical conditions to be taken care of? | Food Allergy | | | | Medication | | | | | Other | | | | | |
|  | | | |  | | | | |  | | | | | |

(Eparchy of St. Thomas the Apostle, Melbourne)

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**FIRST HOLY COMMUNION AND CONFIRMATION**

**REGISTRATION FORM 2020**

I …………………………….…………. hereby state that the above information is correct to the best of my knowledge.

Signature of the Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_