**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)

Email: holyfamily.smcc@gmail.com Tel: 08 94931703

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_