



The Catholic Parish of the Holy Family

First Reconciliation – Enrolment Form

Family Name _____

Candidate's Name _____

School _____

Grade _____

Date of Birth _____

Place of Birth _____

Date of Baptism _____

Address _____

Home Telephone Number _____

Mobile Number _____

Parents email address _____

Father's Name _____

Mother's Name _____

Please circle one of the following:

- I will supply a copy of the candidate's Baptism Certificate*
- The candidate was baptised at Holy Family*

Please Tick.

- I have included my Sacramental Program donation of \$50.00
(If not a regular contributor to the Holy Family Parish Thanksgiving Program)
- I am already contributing to the Holy Family Parish Thanksgiving Program.
- I would like to sign up to the Holy Family Parish Thanksgiving Program.