

THE CATHOLIC CHURCH IN THE DANDENONG RANGES

17 Terry Ave (PO Box 100), Belgrave, Victoria 3160
Tel: (03) 9754 2141 Fax: (03) 9754 4118
Email: belgrave@cam.org.au



SACRAMENTAL PROGRAM

Please complete this form in block letters. Please fill out a separate form for each child.

Child's Surname: _____ Christian Names: _____ Date of Birth _____

Postal Address: _____ Post Code: _____

Phone Numbers: (Home) _____ (Mobile) _____

Contact's Email: _____ (optional)

School Attending: _____ Class: _____

Father's Full Name: _____ Religion: _____

Mother's Full Maiden Name: _____ Religion: _____

Mass Centre attended (please circle): Belgrave Emerald Gembrook Monbulk

Other:

Please enter below details of the Sacraments your child has received and **tick the box for the one(s) to be received**. In this Parish, First Reconciliation is received prior to First Eucharist and usually takes place during the same year. If you have any queries regarding your child's readiness to receive the Sacraments, please contact the Parish Office.

- Baptism** Date & place received: _____ (Copy attached)
- First Reconciliation** Date & place received: _____ (if applicable)
- First Eucharist** Date & place received: _____ (if applicable)
- Confirmation** Sponsor's* Full Name: _____ (if applicable)

*The Sponsor must be a practicing Catholic (preferably the child's Godparent) and cannot be the child's parent.

Please note that it is customary to give a donation of \$50 minimum to the Parish for taking part in the Sacramental Program. Please contact the Fr. Cruz if there is a difficulty with this payment.

Donation amount: _____ Payment Method (please circle): Cash / Cheque* / EFT#

** Please make cheques payable to St Thomas More Parish.

National Bank Melbourne, St Thomas Mores Parish Church Account
BSB: 083 347, Account: 67214 6192

Please return this form, payment and copy of your child's baptism certificate to the Parish Office.