



Grace and Peace be yours  
In abundance (1 Peter 1:2)

**APPLICATION FORM  
FOR THE  
PARISH BASED SACRAMENT  
PROGRAM  
2024**  
*Applications close 24 March 2024*

Catholic Parish of Epping, Epping North  
Parish Office  
13 Davisson Street  
Epping, Vic 3076  
Ph: 9401 6300  
Email: [epping@cam.org.au](mailto:epping@cam.org.au)  
Web: [www.cam.org.au/epping](http://www.cam.org.au/epping)

Full Name of Child:.....M/F.....  
I am registering my child to prepare for the Sacrament of: *please circle*  
**FIRST RECONCILIATION (year 3)**    **FIRST EUCHARIST (year 4)**    **CONFIRMATION (year 6)**  
Date of Birth:...../...../.....    School they attend: .....Year: .....

**Mother/ Female Guardian**

Mrs/Ms.....  
Address .....Postcode.....  
Phone: (H).....(W).....(Mobile).....(Alt).....  
Email address:.....@.....  
Religion:.....  
Does the child live with this parent/guardian    YES    NO

**Father/ Male Guardian Name**

Mr.....  
Address .....Postcode.....  
Phone: (H).....(W).....(Mobile).....(Alt).....  
Email address.....@.....  
Religion:.....  
Does the child live with this parent/guardian    YES    NO

**WE WORSHIP AT:** (please circle)    **ST PETER'S CHURCH**    Saturday 6.30pm    Sunday 9.00am /10.30am  
**ST MARY OF THE CROSS MACKILLOP**    Saturday 5.00pm

**Sacraments History**

**Photocopy of the Certificate is required at time of registration.**  
Date of Baptism: ..... Name of Church:.....  
Address of Church: .....

Please enclose **\$100.00** donation to offset our Sacramental costs.