


Holy Rosary Parish Community

founded 1931



 nedlands.perthcatholic.org.au
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 (08) 9386 1870

ABN 21 724 113 314
 46 Thomas Street
Nedlands WA 6009

Parish Priest: Fr Gavin Gomez
Parish Centre: Cnr Elizabeth & Tyrell
Carmel Monastery: 100 Adelma Road



SACRAMENT APPLICATION FORM

CANDIDATE'S DETAILS (AS RECORDED ON THE BIRTH CERTIFICATE)

Child's Full Name : _____
Date of Birth : _____ Gender : Male Female
Place of Birth : _____
Date of Baptism : _____
Place of Baptism : _____
 [Copy of Baptism Certificate required if not baptized in Holy Rosary]
School : _____ Year: _____

FAMILY DETAILS

Father

Full Name : _____
Religion : _____ Phone : _____
E-mail : _____
(Please print clearly)

Mother

Full Name : _____
Maiden Name : _____
Religion : _____ Phone : _____
E-mail : _____
(Please print clearly)

Home Address :

Unit / Street # Street Address

Suburb State Postcode

Signature : _____ Date : _____

SACRAMENT REQUESTED

<input type="checkbox"/> FIRST RECONCILIATION	<input type="checkbox"/> FIRST HOLY COMMUNION	<input type="checkbox"/> CONFIRMATION
Requirements: <input type="checkbox"/> Copy of Baptism Certificate if not baptised in Holy Rosary	Requirements: <input type="checkbox"/> Copy of Baptism Certificate if not baptised in Holy Rosary <input type="checkbox"/> Copy of First Reconciliation Certificate if the sacrament is not received at Holy Rosary.	Requirements: <input type="checkbox"/> Copy of Baptism Certificate if not baptised in Holy Rosary <input type="checkbox"/> Copy of Holy Communion Certificate if the sacrament is not received at Holy Rosary.

<u>LORETO</u>	<u>PREP CLASS</u>
Sacrament Donation for Loreto Student : \$15 (Payment to be made to Loreto) <i>Please SEND COMPLETED FORM to your relevant teacher.</i>	PREP (After-School) \$30 to cover cost of workbook. <i>It can be paid by cash / cheque to Holy Rosary Parish, or by EFT payment to:</i> Account Name: Holy Rosary Parish Church Account BSB: 086006 Account #: 667172492 <i>Please SEND COMPLETED FORM to our office email at:</i> nedlands@perthcatholic.org.au

FOR PREP (AFTER-SCHOOL) APPLICANTS ONLY

- Please give appropriate details if your child has any physical, educational, and / or medical issues of which we should be aware?

- I / We, (parents or guardians) authorise this child to receive any emergency and / or dental attention should it be required in the event that I / we cannot be contacted.

Signature : _____

Date : _____