



# MARY, QUEEN OF THE FAMILY PARISH, BLACKTOWN

## SACRAMENTS OF INITIATION - ENROLMENT FORM

Your privacy is respected; however it would assist us in the process of preparation if you would please supply the following information.

### PLEASE PRINT

Child's Name: Christian name \_\_\_\_\_ Surname \_\_\_\_\_

Male  Female

Child's Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Religion \_\_\_\_\_

Guardian's Name [if applicable] \_\_\_\_\_ Religion \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Contact Phone Numbers: Home No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Father's Work No: \_\_\_\_\_ Mother's Work No: \_\_\_\_\_

Email Address: \_\_\_\_\_

School: \_\_\_\_\_

Year: \_\_\_\_\_ Class: \_\_\_\_\_

Which sacraments has your child **RECEIVED** already?

[Please place a tick in the appropriate box/boxes]

Baptism:  Penance [Reconciliation/Confession]:  Confirmation:  First Eucharist:

Date of Baptism: \_\_\_\_\_ Name of Parish: \_\_\_\_\_

Suburb/Town/State: \_\_\_\_\_

Country [if not Australia] \_\_\_\_\_

**Please attach a copy of the Baptismal Certificate to this form. Thank you.**

Does your child have any special learning needs that we can assist with? \_\_\_\_\_

**Please contact us should you need to discuss this further.**

Please be aware that photos may be taken during the Sacramental process to be used on the parishes Media platforms. If you have any objections please contact the Parish Office on 9622 1125.

**We'll intend to help prepare our/my child for the sacraments and take an active role in the Sacramental Process.**  
(Where appropriate, preferably both parents/guardians sign)

Signature of Parent[s]/Guardian: \_\_\_\_\_

**Please return this form to the office (address below) or email to [sacraments@mqofblacktown.org.au](mailto:sacraments@mqofblacktown.org.au)**