



St. Andrew's Parish

105 Greaves Street North, Werribee VIC 3030

Phone: 9741 4144

Fax: 9741 4433

ABN No. 28681862552

ALL CORRESPONDENCE TO:

P.O. Box 872, WERRIBEE VIC 3030

Website: www.standrewswerribee.org.au

Email: werribee@cam.org.au

HBRE PRE-SACRAMENTAL INFORMATION FORM

Please use **BLOCK LETTERS** when completing this application

Child's Full Name(Incl middle names): _____

Residential Address: _____

Date of Birth: ____/____/____ Date of Baptism: ____/____/____

Parish/Place of Baptism: _____

(Please attach a copy of Baptism Certificate)

Current School _____ Year level in **2020**: ____ Age: ____

Any Health Issues or Learning Difficulties: _____

Father/Guardian Information

Name : _____ Religion: _____

Residential Address: _____

Postcode: _____

Phone Numbers: Mobile: _____ Home: _____

Email (In Block Letter): _____

Signature Father/Guardian : _____

Mother/Guardian Information

Name : _____ Religion: _____

Residential Address: _____

Postcode: _____

Phone Numbers: Mobile: _____ Home: _____

Email (In Block Letters) : _____

Signature Mother/Guardian : _____

Are you and your family enrolled members of St. Andrew's Parish? **Yes/No** (Please circle)

Do you contribute to St. Andrew's Parish Stewardship Program? **Yes/No** (Please circle)

Stewardship No: _____