



# St. Andrew's Parish

105 Greaves Street North, Werribee VIC 3030

Phone: 9741 4144

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ABN No. 28681862552

ALL CORRESPONDENCE TO:

P.O. Box 872, WERRIBEE VIC 3030

Website: [www.standrewswerribee.org.au](http://www.standrewswerribee.org.au)

Email: [werribee@cam.org.au](mailto:werribee@cam.org.au)

## HBRE 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: \_\_\_\_\_

Tick Sacraments Received:  **Baptism**  **Reconciliation**  **Eucharist**  **Confirmation**

(Please attach copies of any Sacraments received)

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 Letters) : \_\_\_\_\_

**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:** \_\_\_\_\_