



## 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](http://www.standrewswerribee.org.au)

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

### PRE-SACRAMENTAL INFORMATION FORM 2018

Child's Full Name (Incl middle names): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parish/Place of Baptism: \_\_\_\_\_

(If your child was not baptised at St. Andrew's Parish please attach a copy of your child's baptismal certificate)

Current School \_\_\_\_\_ Current year level/Age: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

#### **Father's Information**

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

Residential Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Phone Numbers: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

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

Signature Father : \_\_\_\_\_

#### **Mother's Information**

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

Residential Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Phone Numbers: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

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

Signature Mother : \_\_\_\_\_

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: \_\_\_\_\_