



Our Lady Help of Christians Catholic Parish ROSEMEADOW

CONFIRMATION ENROLMENT FORM 2024

☐ My child has made their First Holy Communion

CONFIRMATION NAME (Saint's Name): _____

CHILD'S NAME: _____ GENDER: M/F: _____

ADDRESS: _____

HOME PH: _____ MOBILE: _____ EMAIL: _____

SCHOOL: _____

GRADE (in 2024): _____

SPECIAL NEEDS: (please indicate so we can accommodate this in the programme)

BAPTISM/BIRTH DETAILS

NAME OF CHURCH: _____

PARISH: _____

COUNTRY: _____

DATE OF BAPTISM: _____

DATE OF BIRTH: _____

FATHER'S FULL NAME: _____

FATHER'S RELIGION: _____

MOTHER'S FULL MAIDEN NAME: _____

MOTHER'S RELIGION: _____

SPONSOR'S NAME: _____

SPONSOR'S RELIGION: _____

OFFICE USE ONLY

BAPTISM CERTIFICATE

☐ copy attached

☐ not required – OLHC/Appin

BIRTH CERTIFICATE

☐ copy attached

PAYMENT

☐ \$25.00

☐ Cash ☐ EFT

TOTAL PAID: _____