



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

RCIS SACRAMENTAL INFORMATION FORM 2021

Child's Full Name(Incl middle names): _____ _____
Residential Address: _____ _____
Date of Birth: ____/____/____ Date of Baptism: ____/____/____
Parish/Place of Baptism: _____
Tick Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <i>(Please attach copies of any Sacraments received)</i>
Current School _____ Year level in 2021: _____ Age: _____
Any Health Issues or Learning Difficulties: _____ _____
<u>Father/Legal Guardian Information</u>
Name: _____
Residential Address: _____ _____ Postcode: _____
Phone Numbers: Mobile/Home: _____ Religion: _____
Email : _____
<i>Signature Father/Legal Guardian :</i> _____
<u>Mother/Legal Guardian Information</u>
Name: _____
Residential Address: _____ _____ Postcode: _____
Phone Numbers: Mobile/Home: _____ Religion: _____
Email : _____
<i>Signature Mother/Legal Guardian :</i> _____
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: _____