

# PARISH OF ST IGNATIUS TOOWONG

## ENROLMENT OF ADULTS FOR SACRAMENTS OF INITIATION

(CONFIDENTIAL)

Surname: ..... Maiden Name: .....

Christian Names: .....

Res. address: ..... Post Code: .....

Phone: ..... Mobile .....

Email: .....

Birth date: ..... Place: .....

BAPTISED? Yes  (if Yes complete details below) No

Date of Baptism: ..... Denomination: .....

Name of Church: .....

Full address of Church: .....

Has the Baptismal Certificate been sighted? Yes  No

Sacraments to be received:

Baptism. OR  Reception into the Catholic Church

Confirmation

First Eucharist

Sponsor/s Name: .....

Signature of Candidate: ..... Date: .....

*Office Use Only*

Date and place of Celebrations: .....

Celebrant..... Date: .....