

Nomination Form
Parish-based Sacramental Programme
1st Reconciliation / 1st Holy Communion
St Bernadette's Catholic Parish
Dundas Valley



Candidates Full Name: _____

Gender: _____

Email Address: _____

Home Address: _____

Phone: _____ Mobile: _____

Candidates date of birth: _____

Father's full name: _____ Faith: _____

Mothers full maiden name: _____ Faith: _____

Child's School: _____

Child's Year: _____

Place of Child's baptism: _____ Date of Baptism: _____

(please note that a copy of your child's baptism certificate or a notification issued from the Parish of Baptism MUST be presented for EACH sacramental programme, whether they were baptised within or outside the Parish, prior to Lesson 4 of the programme. If this is not given to Sacramental Coordinator / Team Members, your child WILL NOT be able to continue with the sacramental programme)

Parent Signature: _____

Please return completed form and copy of baptism certificate or notification together with \$40 to the Sacramental Coordinator.

NB: Please refer to the Sacramental Co-ordinator for payment options.