



**SACRED HEART PARISH**  
SOUTH MT DRUITT

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### SACRAMENT OF INITIATION ENQUIRY FORM

The information collected on this form is treated confidentially according to the privacy Act 1988 and the Diocese of Parramatta information privacy policy.

**PLEASE PRINT ALL INFORMATION IN CAPITAL LETTERS. THESE DETAILS WILL BE ADDED TO THE APPLICANTS' SACRAMENT CERTIFICATE ( WHERE APPLICABLE) PLEASE INSURE THEY ARE CORRECT**

Sacrament of Initiation enquiring about: (please tick)

Reconciliation/Holy Eucharist  Confirmation

Sacrament/s child already received (please tick)

Baptism  Reconciliation  Holy Eucharist  Confirmation

Child's Family Name		Date of Birth	
Child's Name		Age	
Child's school		Current year in School	
Date of Child's Baptism		Place of Baptism	
<b>For Sacrament of Confirmation Only:</b>			
Chosen Confirmation Name:		Sponser's Name:	

**Parents/Guardian.**

Father's Family Name		Mother's Family name	
Father's name		Mother's name	
		Mother's maiden name	
Father's religion		Mother's religion	

**CURRENT ADDRESS:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

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

**Mobile:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

**Any Family Law Court Orders that may impact on the Candidate receiving this sacrament need to be discussed privately with the Parish Office.**

**Note:** A donation to cover the cost of the program material is recommended (\$20.00 or as much as you can afford), together with a copy of your child's Baptism Certificate (if not baptised in this Parish).

**Application Declaration and Submission**

I accept the commitment that I am making, and I am willing to prepare my child for the Sacraments of Initiation, including attending all required formation sessions.

**Name and signature** of person making application and declaration on behalf of the child. \_\_\_\_\_

Office use only: Received date: / /

Received By .....