

REQUEST FORM FOR FIRST RECONCILIATION 2009

ST VINCENT'S PARISH, ASHFIELD

Name of Child .....  
Date of Birth.....  
Address .....  
Name of School child attends .....Grade .....  
Father's name .....  
Mother's name .....  
Mother's Religion ..... Father's Religion .....  
Parent Contact Telephone: *home*.....*Mobile* .....  
e-mail address .....  
Place of Regular Sunday Mass Attendance .....  
Name of the Church where child was Baptised:.....  
*Please supply a photocopy of the child's baptismal certificate if  
he/she was baptised in another parish  
(not at St. Vincent's Ashfield).*

My child is Seven years or older (grade Two or above)  
and baptized a Catholic.

I want them to share my faith and celebrate the  
sacraments. I will bring them to preparation sessions  
where, with other parents, I will share my faith with  
the children.

I will attend the Parent ONLY meeting either on MONDAY  
29 June at 7pm OR

TUESDAY 30 June at 9.15

am

Parent Sign;.....

Please return this form before Thursday 25 June 2009

Marguerite Martin  
Miss Thompson / School Office

or

St Vincent's Parish Centre,  
St Vincent's Primary School  
12 Bland Street, Ashfield. 2131  
Ashfield

Phone: 97982501

Fax: 9798 2504

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