

OUR LADY STAR OF THE SEA TERRIGAL/ERINA SACRAMENTAL PROGRAMME

ENROLMENT FORM



CONFIRMATION

Candidate's Surname _____

Candidate's Christian Names _____

Address _____

No

Street

Suburb

Postcode

Home Telephone

Candidate's Date of Birth _____ Age at JUNE this year _____

School attending _____ Class _____

Fathers Full Name _____ Religion _____

Mothers **FULL MAIDEN** Name _____ Religion _____

Contact name and phone number during working hours _____

Candidate's date of Baptism _____

(Attach photocopy of baptism certificate if **not** baptised at Terrigal)

Place of Baptism _____

(If baptised overseas please give full address)

CONFIRMATION NAME:.....

SPONSORS NAME:.....

DATE:.....

OFFICE USE ONLY