

REQUEST FORM FOR FIRST RECONCILIATION 2009

ST VINCENT'S PARISH, ASHFIELD

Name of Child
Date of Birth.....
Address
Name of School child attendsGrade
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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