

Sacramental Enrolment Form

Confirmation

30 Kensington Terrace Toowong Qld 4066

Please attach a copy of your child's baptismal and birth certificates.			
Child's Full Name:			
	/ Date of Child's Baptism:		/
	sm:		·
Current school:			
, i	's Full Name:		•
Mother's Information			
Mother's Full Name:		Religion:	
Residential Address:			
Phone Numbers:	Home:		
Email:			
Father's Information			
Father's Full Name:		Religion:	
Residential Address:			
Tionactical y taut coor			
Phone Numbers:	Home:		
Email:			
	r Children to receive the Sacraments – Family Law Issu olic Archdiocese of Brisbane – Vicar General's Office	<u>ies</u>	
	THIS SECTION OF THE FORM MUST BE SIGN	IED BY <u>BOT</u>	<u>H</u> PARENTS
A copy of any Court Orders concerning residence arrangements for the candidate, time spent by the candidate with either parent, or parenting issues must be supplied with this enrolment form.			
Are there any such Orders? Yes / No (please circle)			
If 'Yes', has a copy of every such Order been attached to this form? Yes / No (please circle)			
I hereby give consent for the candidate to be admitted to the Sacrament of Confirmation of the Catholic Church			
Mother's Signature:		Date:	_JJ
Father's Signature:		Date:	_//_
☐ Please tick if you are not willing to receive future correspondence from this parish			
Payment of a \$50.00 fee for church use can be made by direct deposit BSB: 064-786 A/C Number: 007 386 001 A/C Name: Toowong Catholic Parish Reference: CONF(name)(date of Confirmation) Please email your transcript receipt to: pw.toowong@bne.catholic.net.au			
	Privacy	Y 42	Parish Office Use Only:
	als is important to the St Ignatius Parish and we are committed to ormation we collect and hold.	Da Da	te of Sacrament / /20
	able at <u>www.stignatiustoowong.org.au</u> or on request from the Pa	ırish	Presider

Privacy Collection Statement

The parishes, schools and agencies of the Archdiocese of Brisbane (we, us or our) may collect, use and disclose personal information about you. We collect personal information directly from you and may also collect personal information passively through our website. We collect your personal information to fulfil the mission and directions of our organisation, to administer the sacraments and provide pastoral care to you, to provide you with other services and products you are seeking, to communicate with you about the services and products we offer, to solicit donations and to comply with our legal and regulatory requirements. If the personal information you provide is incomplete or inaccurate, we may not be able to provide you with the services or products you seek. We may disclose personal information about you to our parishes, schools and agencies and service providers who assist us in operating our organisation.

Paris	h Office Use Only:
Date of Sacrament	/ /20
Presider	
Church	
Payment	Received
Birth Cert	ificate
Baptism (Certificate
☐ Family La	w Dócument
PACS	
Sacramer	ntal Register



Sacramental Enrolment Form

Eucharist

30 Kensington Terrace Toowong Qld 4066

If your child was not confirmed in this parish, please attach a copy of your child's confirmation and birth certificates.		
hild's Full Name: Date of Child's Birth:/		
Pate of Child's Baptism:		
Pate of Child's Confirmation:/ Parish / Place of Confirmation:		
urrent school: Current school year level:		
Nother's Information		
Nother's Full Name: Religion:		
esidential Address:		
Postcode:		
hone Numbers: Home: Mobile:		
mail:		
ather's Information		
ather's Full Name: Religion:		
esidential Address:		
Postcode:		
hone Numbers: Home: Mobile:		
mail:		
arental Authority for Children to receive the Sacraments – Family Law Issues		
s prepared by the Catholic Archdiocese of Brisbane – Vicar General's Office		
THIS SECTION OF THE FORM MUST BE SIGNED BY BOTH PARENTS		
A copy of any Court Orders concerning residence arrangements for the candidate, time spent by the candidate with either parent, or parenting issues must be supplied with this enrolment form.		
Are there any such Orders? Yes / No (please circle)		
If 'Yes', has a copy of every such Order been attached to this form? Yes / No (please circle)		
I hereby give consent for the candidate to be admitted to the Sacrament of Eucharist of the Catholic Church		
Nother's Signature: Date:/		
ather's Signature: Date:/		
Please tick if you are not willing to receive future correspondence from this parish		
Payment of a \$50.00 fee for church use can be made by direct deposit BSB: 064-786 A/C Number: 007 386 001 A/C Name: Toowong Catholic Parish Reference: EUCH(name)(date of Eucharist) Please email your transcript receipt to: pw.toowong@bne.catholic.net.au		

Privacy

The privacy of all individuals is important to the St Ignatius Parish and we are committed to protecting all personal information we collect and hold.

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Pa	rish Office Use Only:
Date of Sacramen	nt / /20
Presider	
Church	
Paymer	nt Received
Birth Ce	ertificate
Baptisn	n Certificate
Family	Law Document
☐ PACS	



Sacramental Enrolment Form

Penance

30 Kensington Terrace Toowong Qld 4066

If your child was not confirmed in this parish, please attach a copy of your child's confirmation and birth certificates.			
Child's Full Name: Date of Child's Birth:/			
	e of Baptism:		
	ce of Confirmation:		
	ce of First Communion:		
	Current school year level:		
Mother's Information			
Mother's Full Name:	Religion:		
* *** *** ***			
	Postcode:		
Phone Numbers: Home:	Mobile:		
Email:			
Father's Information			
Father's Full Name:	Religion:		
Residential Address:			
	Postcode:		
Phone Numbers: Home:	Mobile:		
Email:			
Parental Authority for Children to receive the Sacraments – Family Law Issues As prepared by the Catholic Archdiocese of Brisbane – Vicar General's Office THIS SECTION OF THE FORM MUST BE SIGNED BY BOTH PARENTS			
A copy of any Court Orders concerning residence arrangements for the candidate, time spent by the candidate with either parent, or parenting issues must be supplied with this enrolment form.			
Are there any such Orders? Yes / No (please circle)			
If 'Yes', has a copy of every such Order been attached to this form? Yes / No (please circle)			
I hereby give consent for the candidate to be admitted to the Sa	crament of Penance of the Catholic Church		
Mother's Signature:	Date:/		
Father's Signature:	Date:/		
Please tick if you are not willing to receive future correspondence from this parish			
Payment of a \$40.00 fee for church use can be made by direct deposit BSB: 064-786 A/C Number: 007 386 001 A/C Name: Toowong Catholic Parish Reference: PEN(name)(date of Penance) Please email your transcript receipt to: pw.toowong@bne.catholic.net.au			
Privacy The privacy of all individuals is important to the St Ignatius Parish and we a protecting all personal information we collect and hold. Our Privacy Policy is available at www.stignatiustoowong.org.au or on requ	Date of Sacrament / /20		

Office.

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Paris	h Office Use Only:
Date of Sacrament	/ /20
Presider	
Church	
Payment I	Received
Birth Certi	ficate
Baptism C	ertificate
Family Lav	v Document
PACS	



REQUEST FOR FIRST COMMUNION 2019

This form may be scanned and emailed with payment made by Direct Transfer, or brought to the parish office in person for EFTPOS or credit card payment.

DEADLINE: FRIDAY 24 MAY

Child's Full Name		
	Birth Date	School
Address		
Parents' Names		
Phone Numbers		
E-mails		
Preferred Mass	☐ Saturday 22 June 6 pm ☐ Sunday 23 June 8am ☐ Sunday 23 June 5.30pm	
Cost of Materials	I make payment of \$60 as follows: □ DIRECT TRANSFER Archdiocesan Development Fund (CBA), St Pe	eter & Paul Parich Receipt No:
	BSB 064-786 A/c 006 036 001 Reference: SP + Child's surname + initial	Stor of Fault arisin
	☐ EFTPOS or CREDIT CARD in person at the Parish Office, 25 Main Ave	
	Monday-Friday 9am to 12 noon.	
PARENTAL AUTHORITY FOR CHILDREN TO RECEIVE THE SACRAMENTS – Family Law Issues A copy of any Court Orders concerning residence arrangements for the candidate, time spent by the candidate with either parent, or parenting issues must be supplied with this enrolment form.		
Are there any such Orders? NO YES (please attach a copy of every such Order)		
I hereby give consent for the candidate to be admitted to First Communion		
Mother's Signature		Date
Father's Signature		Date
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Privacy The privacy of all individuals is important to the Parish of Saints Peter and Paul. We are committed to protecting all personal information we collect and hold. Our Privacy Policy is available on request from the Parish Office. Privacy Collection Statement. The parishes, schools and agencies of the Archdiocese of Brisbane (we, us or our) may collect, use and disclose personal information about you. We collect personal information directly from you and may also collect personal information passively through our website. We collect your personal information to fulfil the mission and directions of our organisation, to administer the sacraments and provide pastoral care to you, to provide you with other services and products you are seeking, to communicate with you about the services and products we offer, to solicit donations and to comply with our legal and regulatory requirements. If the personal information you provide is incomplete or inaccurate, we may not be able to provide you with the services or products you seek. We may disclose personal information about you to our parishes, schools and agencies and service providers who assist us in operating our organisation.

PARISH OF SAINTS PETER AND PAUL

25 Main Avenue, Balmoral 4171
Phone 3399 2386 Email bulimba@bne.catholic.net.au



REQUEST FOR CONFIRMATION 2017

This form may be scanned and emailed with payment made by Direct Transfer, or brought to the parish office in person for EFTPOS or credit card payment.

DEADLINE: FRIDAY 15 SEPTEMBER

Child's Full Name			
	Birth Date	School	
Address			
Parents' Names			
Phone Numbers			
E-mails			
Preferred Time		esday 17 October 7.00 pm ursday 19 October 7.00 pm	
Sponsor's Name			
Baptism Certificate	☐ My child was baptised at Sts Peter and Paul. ☐ I include a copy of my child's baptism certificate		
Cost of Materials	I make payment of \$60 as follows: □ DIRECT TRANSFER		
	Archdiocesan Development Fund (CBA), St I BSB 064-786 A/c 006 036 001 Reference: SP + Child's surname + initial	Peter & Paul Parish Receipt No:	
	☐ EFTPOS or CREDIT CARD in person at the Parish Office, 25 Main Ave Monday-Friday 9am to 12 noon.		
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Are there any such	Orders?	of every such Order)	
I hereby give conse	nt for the candidate to be admitted to Confirmation		
Mother's Signature		Date	
Father's Signature	·	Date	

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PARISH OF SAINTS PETER AND PAUL

25 Main Avenue, Balmoral 4171



REQUEST FOR RECONCILIATION Sacrament of Penance 2018

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DEADLINE: FRIDAY 2 MARCH

		war i	
Child's Full Name			
	Birth Date	School	
Address			
Parents' Names			
Phone Numbers			
E-mails			
Cost of Materials	l make payment of \$60 as follows: ☐ DIRECT TRANSFER		
	Archdiocesan Development Fund (CBA), St. BSB 064-786 A/c 006 036 001 Reference: SP + Child's surname + initial	Peter & Paul Parish Receipt No:	
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Are there any such Orders? NO YES (please attach a copy of every such Order)			
I hereby give consent for the candidate to be admitted to First Communion			
Mother's Signature		Date	
_			
Father's Signature		Date	

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