



Enrolment for the Reception of Sacrament of Reconciliation



Full Name of Candidate _____

Date of Birth _____

Place of Baptism _____

Date of Baptism _____ (Please attach a copy)

School and Year _____

Father's Name _____

Mother's Name (& Maiden) _____

Address of Candidate _____

Current Parish _____

Contact Phone No's _____

E-mail _____

Consent to join Parish email list (where applicable) YES/NO

Covenantal Agreement of Parents and/or Guardians

As the parents/guardians responsible for the upbringing and spiritual growth of _____
_____ we ask that she/he be formally enrolled in the programme of preparation for the reception of the Sacrament of Reconciliation.

We accept that in coming forward to receive this sacrament we are the primary teachers of the faith of our child and will do all that we can through our home life and personal example to pass this faith on to our child (eg by regularly attending Church and becoming an active member of the Parish). We agree to attend all meetings for parents and guardians which form part of the programme for the reception of this sacrament.

Parents/Guardian

Signature _____ Date _____

Signature _____ Date _____