



Holy Spirit Parish
Sacrament Program
 2024 Enrolment Form



Please complete all fields and attach copies of SACRAMENT certificates

Child's full name: _____ Gender: M_ or F_

Date of birth: _____ School Year 2024: _____

School: _____ Parish: _____

SACRAMENT ENROLLING FOR:

Reconciliation

First Holy Communion (FHC)

Confirmation

Mother's name : _____ Religion: _____

Father's name : _____ Religion : _____

Residential address : _____

Postal address : _____

Email address : _____

Phone numbers : (H) _____ (M) _____ (W) _____

Names of other children in the family : _____

SACRAMENTS ALREADY RECEIVED:

Baptism DD/MM/YY _____ Minister: _____

Parish Address: _____

Reconciliation DD/MM/YY _____ Minister: _____

Parish Address: _____

FHC DD/MM/YY _____ Minister: _____

Parish Address: _____

Signature of Parent: _____ **Date:** _____

Office use only: Paid

Baptism Cert.

Reconciliation Cert.

FHC Cert.