



ST MICHAEL'S PARISH

Under the Care of the Michaelite Fathers
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Sacrament of Confirmation Registration Form

(_____)
 Family Name First Name Gender: M or F

(_____)
 Date of Birth Place of Birth Age

(_____)
 Father's Full Name Religion

(_____)
 Mother's Full Name Maiden Name Religion

(_____)
 Address

(_____)
 Home Number Mobile Number Email

(_____)
 Date and Place of Baptism (include Parish name and address; attach a copy of Baptismal Certificate)

(_____)
 Date and Place of First Reconciliation (include Parish name and address)

(_____)
 Date and Place of First Holy Communion (include Parish name and address)

(_____)
 Parish currently attending for Sunday Mass (Parish and Suburb)

(_____)
 Sponsor's Name (must be Catholic > please provide copy of Baptismal Certificate, aged >16 yo, not the parents)

(_____)
 Chosen Saint Name for Confirmation Preparation class/es attended: Yes or No

(_____) (_____)
 Signature Date

Office use only

Priest/Bishop:

Date of Confirmation:

Place of Ceremony: (if not at St Mary's Cathedral)