



Child's Full Name: _____
 Date of Child's Birth: ____/____/____ Date of Child's Baptism: ____/____/____
 Parish / Place of Baptism: _____
 Current school: _____ Current school year level: _____

Mother's Information
 Mother's Full Name: _____ Religion: _____
 Residential Address: _____
 _____ 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 Sacraments of Reconciliation 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

Office Use

Date of Sacrament	Presider	Church
First Reconciliation: 15 March 2025		St Thomas the Apostle Parish

Privacy

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

Our Privacy Policy is available at www.camphillcatholicparish.org.au or on request from the Parish Office.