

ST AUGUSTINE'S PARISH

Meehan Street, Yass

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PO Box 24
YASS NSW 2582
sacramentalteamyass@gmail.com

REGISTRATION FOR SACRAMENT OF FIRST EUCHARIST

See timetable for current year dates

I/We wish our child/children to receive the sacrament of First Eucharist:

CHILD'S NAME: _____ **Age:** _____

School: _____ **Class:** _____

Date of Birth: _____

Parish of Baptism: _____ **Town/City of Baptism:** _____

Date of Baptism: _____

Copy of Baptism Certificate required if baptised other than Yass

Mother's Name: _____ **Religion:** _____

Maiden Name: _____

Address: _____

Phone: _____ **Mobile:** _____

Email: _____

Father's Name: _____ **Religion:** _____

Address: _____

Phone: _____ **Mobile:** _____

Email: _____

PLEASE RETURN THIS FORM (as a PDF file not a picture) ALONG WITH CONFIRMATION OF PAYMENT TO sacramentalteamyass@gmail.com PLEASE MAKE PAYMENT TO ST AUGUSTINE'S PARISH BSB: 062786 ACCT: 000013002 WITH REFERENCE BEING EUCHARIST AND SURNAME.

REGISTRATION FEE: \$30

If you have any questions please contact the above email and one of the sacramental team members will be in touch.

Signed:

(Parent/Guardian)

The parish collects personal information, including sensitive information to obtain Census data and Pledge details for the various programs that it operates.

The information collected on census forms, Baptismal and other sacramental forms is required to assist the parish and Archdiocese to carry out their various functions, services and activities. Parish and Archdiocesan functions, services and activities include but are not limited to providing religious services to the community, including administering sacraments and pastoral care, carrying out fundraising campaigns and appeals, including use of information to process donations, communicating with Archdiocesan supporters and communicating with the public who contact the parish and Archdiocese with queries, comments or complaints.