

GREENACRES WALKERVILLE CATHOLIC PARISH

Sacramental Program



Confirmation and First Eucharist Enrolment Form 2021/2022

Christian Name(s): _____

Surname: _____

Address: _____

School: _____

Year Level: _____

Parish: _____

Parents' Names: _____

Parent's Email Address: _____

Mobile Contact No: _____

I wish to enrol in and prepare to celebrate the Sacrament of Confirmation and First Eucharist.

I will:

- attend preparation sessions, Enrolment Mass, Family Masses and participate to the best of my ability;
- attend mass regularly;
- use the skills and gifts that God has given me to help others.

I ask for the support of my parents, family, teachers, friends and the Parish community to help me as I prepare for these Sacraments.

Candidate's Signature: _____ Date: _____

Witnessed by Parents: _____ Date: _____