



ST MICHAEL'S PARISH

Under the Care of the Michaelite Fathers
10 Croydon Road Hurstville NSW 2220



Phone: 02 9587 2166

Fax: 02 9588 3591

Email: office@stmichaelhurst.org.au Web: www.stmichaelhurst.org.au

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)