

**St Finbar's Parish-Based  
Sacramental Program  
Expressions of Interest for 2022**



***Since the Sacramental Program is Parish based, priorities will be given to those children only who are members of the parish. If you are not from our Parish, please contact your Parish Priest for further information concerning the Sacramental program in your Parish.***

Payment of \$60 per Sacrament per family is appreciated before the start of the sessions to cover the cost of materials. Payments can be made via the website [www.stfinbars.org.au](http://www.stfinbars.org.au)

**Penance**  
Term 2

Forms must be returned to St. Finbar's Parish as soon as possible.

**Please use a separate form for each child.**

Forms can be returned in person or scanned and emailed to [secretary@stfinbars.org.au](mailto:secretary@stfinbars.org.au). We need to have the resources ready for your child. Your assistance is appreciated. Thank you.

**Child's Name:** \_\_\_\_\_

*Please print above the full name of the child for whom this expression of interest is being made.*

**Date of Child's Birth:** \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_

**Place of Baptism:** \_\_\_\_\_

***Please ensure that if your child was not Baptized at St Finbar's that you obtain a Baptism certificate from the parish of Baptism.***

**School** \_\_\_\_\_

**Father's Name** \_\_\_\_\_  
(Or Carer's name)

**Religion** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_  
(Or Carer's name)

**Religion** \_\_\_\_\_

**Address** \_\_\_\_\_

**Suburb** \_\_\_\_\_

**Postcode** \_\_\_\_\_

**Telephone Numbers:** **Mother** \_\_\_\_\_

**Father** \_\_\_\_\_

**E-mail** \_\_\_\_\_

*(Your privacy is respected; however, it would assist us if you would please supply at least one number for necessary contact)*

Parent's/Carer's signature \_\_\_\_\_

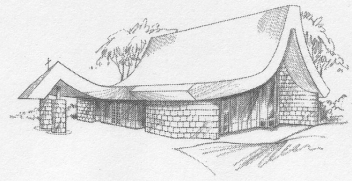
Parent's/Carer's Signature \_\_\_\_\_

For Office use only  
Entered into register \_\_\_\_\_

Register Number: \_\_\_\_\_

**St Finbar's Parish Based  
Sacramental Program  
Expressions of Interest for 2022**

saint + finbars



***Since the Sacramental Program is Parish based, priorities will be given to those children only who are members of the parish. If you are not from our Parish, please contact your Parish Priest for further information concerning the Sacramental program in your Parish.***

Payment of \$60 per Sacrament per family is appreciated before the start of the sessions to cover the cost of materials. Payments can be made via the website [www.stfinbars.org.au](http://www.stfinbars.org.au)

**Confirmation**

Term 3

Forms must be returned to St. Finbar's Parish as soon as possible. **Please use a separate form for each child.** Forms can be returned in person or scanned and emailed to [secretary@stfinbars.org.au](mailto:secretary@stfinbars.org.au). We need to have the resources ready for your child. Your assistance is appreciated. Thank you.

**Child's Name:** \_\_\_\_\_

*Please print above the full name of the child for whom this expression of interest is being made.*

**Date of Child's Birth:** \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_

**Place of Baptism:** \_\_\_\_\_

**Saint's Name:** \_\_\_\_\_

***Please ensure that if your child was not Baptized at St Finbar's that you obtain a Baptism certificate from the parish of Baptism.***

**School** \_\_\_\_\_

**Father's Name** \_\_\_\_\_  
(Or Carer's name)

**Religion** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_  
(Or Carer's name)

**Religion** \_\_\_\_\_

**Sponsor's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Suburb** \_\_\_\_\_

**Postcode** \_\_\_\_\_

**Telephone Numbers:** **Mother** \_\_\_\_\_

**Father** \_\_\_\_\_

**E-mail** \_\_\_\_\_

*(Your privacy is respected; however, it would assist us if you would please supply at least one number for necessary contact)*

Parent's/Carer's signature \_\_\_\_\_

Parent's/Carer's Signature \_\_\_\_\_

For Office use only  
Entered into register \_\_\_\_\_

Register Number: \_\_\_\_\_

**St Finbar's Parish-Based  
Sacramental Program  
Expressions of Interest for 2022**



*Since the Sacramental Program is Parish based, priorities will be given to those children only who are members of the parish. If you are not from our Parish, please contact your Parish Priest for further information concerning the Sacramental program in your Parish.*

Payment of \$60 per Sacrament per family is appreciated before the start of the sessions to cover the cost of materials. Payments can be made via the website [www.stfinbars.org.au](http://www.stfinbars.org.au)

**Eucharist**  
Term 4

Forms must be returned to St. Finbar's Parish as soon as possible.

**Please use a separate form for each child.**

Forms can be returned in person or scanned and emailed to [secretary@stfinbars.org.au](mailto:secretary@stfinbars.org.au). We need to have the resources ready for your child. Your assistance is appreciated. Thank you.

**Child's Name:** \_\_\_\_\_

*Please print above the full name of the child for whom this expression of interest is being made.*

**Date of Child's Birth:** \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_

**Place of Baptism:** \_\_\_\_\_

*Please ensure that if your child was not Baptized at St Finbar's that you obtain a Baptism certificate from the parish of Baptism.*

**School** \_\_\_\_\_

**Father's Name** \_\_\_\_\_  
(Or Carer's name)

**Religion** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_  
(Or Carer's name)

**Religion** \_\_\_\_\_

**Address** \_\_\_\_\_

**Suburb** \_\_\_\_\_

**Postcode** \_\_\_\_\_

**Telephone Numbers:** **Mother** \_\_\_\_\_

**Father** \_\_\_\_\_

**E-mail** \_\_\_\_\_

*(Your privacy is respected; however, it would assist us if you would please supply at least one number for necessary contact)*

Parent's/Carer's signature \_\_\_\_\_

Parent's/Carer's Signature \_\_\_\_\_

For Office use only  
Entered into register \_\_\_\_\_

Register Number: \_\_\_\_\_