

THE SACRAMENT OF EUCHARIST

Child's Full Name: _____

Address: _____ **Parish:** _____

Place of Baptism _____

Parent 1 Full Name: _____ **Religion:** _____

Mobile: _____ **Email:** _____

Parent 2 Full Name: _____ **Religion:** _____

Mobile: _____ **Email:** _____

I/ we realise that, by presenting a child for the First Eucharist. I/we are undertaking to bring our child up in the knowledge and practice of the Catholic faith. To the best of our ability, I/ we fully intend to fulfil that responsibility.

Date of Parents Information Session: _____

Preparation Dates: _____

Date and Time of Eucharist: _____

Signature of Parent 1 _____

Signature of Parent 2 _____

Donations help support the Parish. It is customary to donate from \$100 which can be paid by cash or electronic transfer. We would appreciate your donation.

BSB: **083 347** Account No: **682 606 383** Reference: **EUCHA: NAME OF CHILD**