

PREPERATION FOR THE SACRAMENT OF RECONCILIATION

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 preparation of Reconciliation. 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 Reconciliation: _____

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: **RECON: NAME OF CHILD**

N.B.: We do not provide a Reconciliation Certificate. If you require a certificate later, we can provide a letter from our parish confirming that the preparation process was completed here. Thank you.