ST. MARY'S CATHOLIC CHURCH — LEEDERVILLE Sacramental Program 2025



| REGISTRATION FOR THE SACRATMENT OF CONFIRMATION | |
|---|--|
| Personal Details | |
| Child's Name (including middle name) | |
| Child's Family Name (Surname) | |
| Academic Year (School Year) | |
| Name of School currently attending | |
| Date of Birth | |
| Date of Baptism & please attach the Baptism Certificate | |
| Confirmation Name (Catholic Saint chosen for Confirmation) | |
| Name of Sponsor | |
| Contact Details | |
| Street No. (Unit No.) | |
| Street Name | |
| Suburb | |
| Post Code | |
| Mother's Name (Maiden) | |
| Mother's Mobile Number | |
| Father's Name | |
| Father's Mobile Number | |
| Parent Email | |

Note

- > This form must be completed by either the Parent / Guardian of the above child as the information provided needs to be accurate for Parish records and for Certificates.
- > Attach a copy of your child's Baptism Certificate to the form.
- > Submit the form directly to the Parish Office either in person or via email.
- The Parish email is leederville@perthcatholic.org.au