

HOLY FAMILY CATHOLIC PARISH, INDOOROOPIILLY
FAMILY SACRAMENTAL PROGRAM 2019

CONFIRMATION RETURN SLIP

Please hand this form into the Parish Office but you are also welcome to email it to indooroopilly@bne.catholic.net.au

1. Candidate's Name:

(this is the first and last name of your child, please complete one form per child)

2. Candidate's Sponsor's Name:

(this is the first and last name)

Please tick

- The sponsor is aged 16 years or older
- The sponsor has completed his/her initiation into the Catholic Church ie; is baptised, confirmed and participates in Holy Communion
- The sponsor isn't the parent of the Candidate
- The sponsor is 'in good standing' with the Catholic Church

Can the sponsor attend the Confirmation liturgy Yes No
If no, please indicate who will stand in for the sponsor (this can be a parent)

2. Candidate's Confirmation Name:

(this is the name your child will be Confirmed with, it can be their first given name or the name of a Saint)



HOLY FAMILY PARISH
37 Ward Street,
Indooroopilly, 4068

I _____ provide consent for Holy Family Parish, Indooroopilly to record images of my family and child (photograph or video footage) for promotional purposes. I understand my image may be used in mediums including: publications and promotional material, and broadcast, print and electronic media.

I acknowledge that my image will be used without any personal compensation or remuneration. I agree to forgo any rights to my image including moral rights and copyright.

We understand that you may wish to make a photographic or video record of this celebration. In so doing please exercise courtesy, sensitivity and common sense in relation to photographing children other than your own. We request that you confirm with other children's parents before including them in your personal photographs. The images that you take should only be used as your mementos of this event. Where photos contain children who are not yours, these should not be shared in any public forums, such as social media.

Participant Details: Name:		
Address:		
Suburb:	State:	Postcode:
Participant Signature:		
Parent/Guardian Signature: (if participant is under 18 years of age) Date:		

Holy Family Parish, Indooroopilly agrees not to use your image in a manner that may be deemed adverse or defamatory. The image will remain the property of Holy Family Parish, Indooroopilly and any personal details regarding this image will be kept confidentially and will not be used for any purpose other than related to your image.

Name: Melody CROSS
Position/Title: Sacramental Program/Children's Liturgy of the Word Co-ordinator
Signature:
Date:



Sacramental Enrolment Form Confirmation

37 Ward Street, Indooroopilly, Qld, 4068
Tel: 07 3371 7446
Email: Indooroopilly@bne.catholic.net.au

Please attach a copy of your child's baptismal and birth certificates.

Child's Full Name: _____
 Date of Child's Birth: ____/____/____ Date of Child's Baptism: ____/____/____
 Parish / Place of Baptism: _____
 Current school: _____ Current school year level: _____
 Confirmation Sponsor's Full Name: _____ Sponsor's Religion: _____

Mother's Information

Mother's Full Name: _____ Religion: _____
 Residential Address: _____
 _____ Postcode: _____
 Phone Numbers: Home: _____ Mobile: _____
 Email: _____

Father's Information

Father's Full Name: _____ Religion: _____
 Residential Address: _____
 _____ Postcode: _____
 Phone Numbers: Home: _____ Mobile: _____
 Email: _____

Parental Authority for Children to receive the Sacraments – Family Law Issues

As prepared by the Catholic Archdiocese of Brisbane – Vicar General's Office

THIS SECTION OF THE FORM MUST BE SIGNED BY **BOTH** PARENTS

A copy of any Court Orders concerning residence arrangements for the candidate, time spent by the candidate with either parent, or parenting issues must be supplied with this enrolment form.

Are there any such Orders? **Yes / No** (please circle)

If 'Yes', has a copy of every such Order been attached to this form? **Yes / No** (please circle)

I hereby give consent for the candidate to be admitted to the Sacrament of Confirmation of the Catholic Church

Mother's Signature: _____ Date: ____/____/____

Father's Signature: _____ Date: ____/____/____

Please tick if you are not willing to receive future correspondence from this parish

Privacy

The privacy of all individuals is important to the Holy Family Parish and we are committed to protecting all personal information we collect and hold.

Our Privacy Policy is available at PARISH OR ARCHDIOCESAN WEBSITE or on request from the Parish Office.

Privacy Collection Statement

The parishes, schools and agencies of the Archdiocese of Brisbane (we, us or our) may collect, use and disclose personal information about you. We collect personal information directly from you and may also collect personal information passively through our website. We collect your personal information to fulfil the mission and directions of our organisation, to administer the sacraments and provide pastoral care to you, to provide you with other services and products you are seeking, to communicate with you about the services and products we offer, to solicit donations and to comply with our legal and regulatory requirements. If the personal information you provide is incomplete or inaccurate, we may not be able to provide you with the services or products you seek. We may disclose personal information about you to our parishes, schools and agencies and service providers who assist us in operating our organisation.

Notice for payments:

Account name: Indooroopilly Parish Account, BSB:064786, **Account No.** 006601100. **Please reference as :** SAC (your child's name and surname)

Parish Office Use Only:

Date of Sacrament	/	/20
Presider		
Church		
<input type="checkbox"/> Email List (A)(B)(C)	Sacramental fee: \$ Payment amount: \$ Payment Date:	
<input type="checkbox"/> Birth Certificate		
<input type="checkbox"/> Baptism Certificate		
<input type="checkbox"/> Family Law Document		
<input type="checkbox"/> PACS		
<input type="checkbox"/> Sacramental Register		

