



Our Lady of the Rosary Parish

ABN: 21 331 090 675
4 Roma Avenue, Kensington NSW 2033

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Enrolment Form for THE SACRAMENT OF FIRST EUCHARIST

Date of Event:

Candidate's Full name:

Home Address:

Suburb: State: Postcode:

School:

Class (now): DOB: / / Age: Place of Birth:

Baptismal Details:

Parish of Baptism:

Date of Baptism: / /

Address of Parish
of Baptism

Town/Suburb: Country/State: Postcode:

Father's/Legal Guardian's Details:

Full Name:

Contact Ph: Email:

Religion:

Mother's/Legal Guardian's Details:

Full Name:

Contact Ph: Email:

Religion:

Signed consent to receive this sacrament must be received from both parents. This is an Archdiocesan directive that has arisen due to Family Law issues.

Father's/Guardian's Signature: Date :

Mother's/Guardian's Signature: Date:

Photographs/Video/Website re. Permission for publication

*I grant permission for my child to be photographed/
videoed/posted on OLR website during or after the Sacrament of First Eucharist Ceremony at
Our Lady of the Rosary Church, Kensington.*

Father's/Guardian's Signature: Date :

Mother's/Guardian's Signature: Date: