



# St Francis Xavier's Parish

Ph: (02) 67522886  
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39 Boston Street  
PO Box 270  
Moree, NSW 2400

## CONFIRMATION enrolment and formation 2019

### Confirmation: Sunday 1st of September at 9:30am

Dear Parents/ Guardians/ Sponsors,

Greeting of Peace!

The Sacramental program for Confirmation begins in July 2019. Bishop Michael Kennedy will come to Moree to celebrate the *Sacrament of Confirmation* at the **9.30am** Mass on **Sunday, 1st of September**. All Catholic children who are in Year Six or older, and have received their *First Holy Communion*, are eligible.

Formal **enrolment** in the program will be at one of the weekend Masses either **Saturday 28th of July at 6pm, Sunday 29th of July at 7.30am OR 9.30am**.

The **formation** session will follow **Sunday** Mass in the church at 10:30am and will be repeated on Monday the 29th of July at 3:30pm.

The **rehearsal** session will be on **Sunday 25th of August** in the church at 10:30am and will be repeated on Monday the 26th of August at 3:30pm.

All candidates will **meet Bishop Michael** on **Friday 30th of August** at 4pm in St Francis Xavier Church.

Although the date of Confirmation is still a long way off, I would be most grateful if you could fill out the following details as soon as convenient and either post or hand it in to the **Parish Centre office**.

I thank you in advance for bringing your children to the Church and may you continue to be the first teachers of faith to them.

In Christ,

Fr Abmar Dumayag, MS  
Parish Priest



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## Sacramental Program Enrolment Form Confirmation 2019

Candidate's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Confirmation Name ( if known at this time) \_\_\_\_\_

Date & Place (Name of Church & Suburb) of Baptism \_\_\_\_\_  
\_\_\_\_\_

Home Address \_\_\_\_\_

Year level/ Name of School \_\_\_\_\_

Father,s Full Name \_\_\_\_\_

Mother's Full **MAIDEN** Name \_\_\_\_\_

Sponsor's Full Name \_\_\_\_\_

Sacraments already received (please circle and write under each sacrament the name of the parish where the sacrament was received)

**RECONCILIATION**

**EUCCHARIST**

I wish to enroll my Child in the Sacramental Program

Parents Signature \_\_\_\_\_

Contact Details ( Phone and Email ) \_\_\_\_\_

*Please attach a copy of your child's Baptism Certificate with this enrolment form and return or post to the **Parish Centre** or hand it over to the priest during enrolment*