



# St Francis Xavier's Parish

Ph: (02) 67522886  
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Email: [moreeparish@armidale.catholic.org.au](mailto:moreeparish@armidale.catholic.org.au)

39 Boston Street  
PO Box 270  
Moree, NSW 2400

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## CONFIRMATION 2018

Dear Parents/ Guardians/ Sponsors,

Bishop Michael Kennedy will come to Moree to celebrate the Sacrament of Confirmation at the 9.30am Mass on Sunday, 8<sup>th</sup> April. All Catholic children who are and 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: **Saturday 10<sup>th</sup> March 6pm, Sunday 11<sup>th</sup> March 7.30am or 9.30am.**

Books for the program will be given on the day of enrolment and a \$10 donation will be collected.

### Schedule of Sessions

**Session 1** Sunday 11<sup>th</sup> March 11am, Parish Centre  
(for those who cannot attend on Sunday, the session will be repeated Monday 12<sup>th</sup> after attendance at 5.40pm Mass)

**Session 2** Sunday 18<sup>th</sup> March 11am, Parish Centre  
(Repeated Monday 19<sup>th</sup> after attendance at 5.40pm Mass)

**Session 3** Sunday 25<sup>th</sup> March 11am. Parish Centre  
(Repeated Monday 26<sup>th</sup> after attendance at 5.40pm Mass)

**Date of Confirmation: Sunday 8<sup>th</sup> April, 9.30am**

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 before 10<sup>th</sup> March and either post or hand it in to the **Parish Centre Office**.

May God bless your family,

Fr Abmar Dumayag, MS  
13<sup>th</sup> February, 2018



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## Sacramental Program Enrolment Form Confirmation 2018

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*