



# St Francis Xavier's Parish

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39 Boston Street  
PO Box 270  
Moree, NSW 2400

## CONFIRMATION enrolment and formation 2020

### ***Confirmation: Sunday 14th of June at 9:30am***

Dear Parents/ Guardians/ Sponsors,

Greeting of Peace!

The Sacramental program for Confirmation begins in May 2020. Bishop Michael Kennedy will come to Moree to celebrate the *Sacrament of Confirmation* at the **9.30am** Mass on **Sunday, 14th of June**. 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 16th of May** at **6pm**, **Sunday 17th of May** at **7.30am** OR **9.30am**.

The **formation** session will follow **Sunday Mass** and will be repeated on Monday the 18th of May at 3:30pm in the Church.

The **rehearsal** session will be on **Sunday 31st of May** following 9:30am Mass and will be repeated on Monday the 1st of June at 3:30pm in the Church.

All candidates will **meet Bishop Michael Kennedy** on **Friday 12th of June** at 3:30pm 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 2020

Candidates Full Name: .....

Date of Birth: .....

Confirmation Name (if known at this time): .....

Date & Place (Name of Church and 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**

**EUCARIST**

I wish to enroll my child in the Sacramental Program

Parents Signature: .....

Contact details (phone and email): .....

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