

St Francis Xavier's Parish

Ph: (02) 67522886 Fax: (02) 67524565 Email: moreeparish@armidale.catholic.org.au 39 Boston Street PO Box 270 Moree, NSW 2400

CONFIRMATION enrolment and formation 2020

Confirmation: Sunday 6th of June at 9:30am
Pending changes made to guidelines for Places of Worship closer to the date

Dear Parents/ Guardians/ Sponsors,

Greeting of Peace!

The Sacramental program for Confirmation will begin in August 2020. Bishop Michael Kennedy will come to Moree to celebrate the *Sacrament of Confirmation* at the **9.30am** Mass on **Sunday**, **6th 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 8th of August** at **6pm**, **Sunday 9th of August** at **7.30am** OR **9.30am**.

The **formation** session will follow the **9:30am Sunday Mass** and will be repeated on Monday the 10th of August at 3:30pm in the Church.

The **rehearsal** session will be on **Sunday 23rd of August** following 9:30am Mass and will be repeated on Monday the 24th of August at 3:30pm in the Church.

All candidates will meet Bishop Michael Kennedy on Friday 4th of September at 3:30pm in St Francis Xavier Church.

The new date for Confirmation is still a long way off, and may be **subject to change**. Please be aware that planning may change and the format may alter to accommodate all candidates. If there are changes, this will be communicated to parents as soon as possible. In the meantime, I would be most grateful, if you have not already, please complete your enrolment form 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 Baptisi	m:
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 E	EUCHARIST
I wish to enroll my child in the Sacramental Program	
Parents Signature:	
Contact details (phone and email):	