

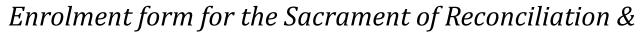
The Catholic Parish of Whanganui

St. Mary's St. Anne's

info@catholicparishwhanganui.org.nz

Holy Family

Maori Apostolates





Child's Christian names				
Surname		S	School	
Date of birth		F	Place of birth	
Date of baptism		F	Place of baptism	
Please provide a photo of y	ourself that you w	ould be happ	y to be displayed with y	our enrolment
Father's Christian names				
Father's surname				
Mother's Christian names				
Mother's surname				
Mailing address		(City	Postcode
Phone number		(Cellphone number	
email address		1		
OFFICE USE ONLY				
Reconciliation course atte	nded] F	Photo received	
Reconciliation date		S	School notified	
First communion course a	ttended] F	First communion date	
Baptism register			Certificate done	
PARENTS TO COMPLETE				
wish for my son/daughter to am aware that photos will boublications. enclose \$25.00 to cover the nternet banking: BNZ Accou	e taken and I <u>do /</u> cost of materials,	do not give and have atta	permission for them to ached (or emailed) a pho	be used in parish
Signed: Please return this form to the		(parent/g	uardian) Date:	
Please return this form to the	e parish office at Si	t. Mary's chur	ch or email to	