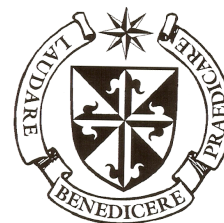


OUR LADY OF THE ROSARY CHURCH

DOUBLEVIEW PARISH

17 Angelico St, Woodlands WA 6016
Phone: 0411 123 441
Email: doubleview@perthcatholic.org.au



PARISH REFERENCE

The following section is to be completed by the family:

Student Information

Surname Christian name
Current address
Date of birth School attended.....

Sacraments Received

Baptism Yes No Year Place
Reconciliation Yes No Year Place
Eucharist Yes No Year Place
Confirmation Yes No Year Place

Family Information

Does the family attend weekly Mass? Yes No
At
Number of years involved with the parish
Family's parish involvement and/or support
.....
Family's community involvement and/or support
.....
Print Name..... Parent/Guardian signature

The following section is to be completed by the Parish Priest or his nominee

Supporting comments
.....
.....
.....
.....

Parish Priest Signature Date