**SACRAMENTS OF INITIATION
First Reconciliation, Confirmation, First Holy Communion
ENROLMENT FORM**

*Please complete form in BLOCK CAPITALS* and return by post or hand to **Parish Priest, Ss Mary & David’s RC Church, 15 Buccleuch Street, Hawick, TD9 0HH** or email to catholic363@gmail.com

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| --- | --- |
| **Child’s Full Name(*please underline SURNAME)*** |  |
| **Date of Birth** |  |
| **Date of Baptism** |  |
| **Place of Baptism and Address** |  |
| **Current School & Class** |  |
| **Sacrament(s) you are enrolling for** |  |
| **Parents’ Names**  |  |
| **Address** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Parish you belong to (please indicate where you attend Sunday Mass)** |  |