



Welcome To TOGETHER AS ONE IN FAITH
OUR LADY OF MT CARMEL - MT PRITCHARD

Under the Pastoral Care of the Scalabrinian Fathers

Mass Times

Weekday:
Monday to Friday - 9:15am,
Saturday 8.00am

Weekend:
Saturday Vigil
5.00pm—English,
7:00pm—Vietnamese
Sunday
7.30am—English, 9.00am— Italian
10.30am—English, 12:00pm—Spanish
4.00pm—Vietnamese
5.30pm—English.

Clergy:
Fr Anthony Fregolent, CS, PP
Fr John Mello, CS
Fr Delmar Silva, CS
Fr Emmanuel Chuntic, CS
Fr Emanuel Logo Like, CS

Chaplains:
Fr Francis Xavier Tuyet Van Nguyen
Vietnamese - 9773 0933
Fr Delmar Silva, CS, Fr Emanuel Like, CS
Spanish - 9610 1025
Fr Vittorio Basso, CS
Italian - 96101025

Catholic Presbytery
230 Humphries Road,
Bonnyrigg NSW 2177
Tel: 9610 1025 Fax: 9610 0555
Email: secretary
[@olmcmtpritchard.org.au](mailto:secretary@olmcmtpritchard.org.au)

www.olmcmtpritchard.org.au
Parish Secretary
9:00am to 3:00pm
Mimma Pavone Mon & Tues
Alina Clemente Wed to Fri

Parish School
Principal: Michelle McKinnon
Office Tel: 9610 2371

RECONCILIATION: Saturday 4.00pm - 5.00pm in the Church.
BAPTISM: Celebrated on the 1st and third Sundays of the month at 2:00pm and every Saturday at 11:00am.
A Preparation Evening will need to be attended prior to your Baptism date.
MARRIAGE: Arrangements for a wedding must be made at least six months in advance. Attendance at a Pre- Marriage Course is encouraged.
ANOINTING of the SICK: We are pleased to administer the Sacrament of the Sick to those in need. The Eucharist will also be brought to those who are ill or housebound upon request. Please notify the Presbytery if members of your family or other parishioners are in need.

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Request A Home Blessing And / Or Pastoral Home Visit

**OUR LADY OF MT CARMEL
MT PRITCHARD**

230 Humphries Road Bonnyrigg, NSW
Tel: 9610 1025 Fax: 9610 0555
Email: secretary@olmcmtpritchard.org.au

Todays date: ____ / ____ / ____

[please print clearly – your information will be kept confidential]

Family Information

Mr. ____ Mrs. ____ Miss ____ Ms ____ Dr. ____ Other ____ Gender: _____

Surname: _____ Christian Name/s: _____

Address

Street Number: _____ Street Name: _____

Suburb: _____ State: _____ Postcode: _____

Contact Information

Telephone: _____ Fax: _____ Mobile: _____

Email: _____

I would like a Pastoral Home Visit: [] Yes [] No
I would like a Home Blessing: [] Yes [] No

Please hand in at presbytery or drop into collection plate at any mass. Thank