

NAME OF PARISH

CONFIRMATION ENROLMENT FORM (YEAR)

Please complete this form in **BLOCK CAPITALS**.
One form must be completed for **EACH CANDIDATE**

Closing Date for applications is

FULL NAME OF CANDIDATE: _____
Please ensure names are spelt correctly as they will be used on the Confirmation Certificate

ADDRESS _____

POST CODE: _____ DATE OF BIRTH: _____

HOME TELEPHONE NO. _____ (Parent) MOBILE _____
We need both numbers in case of any emergency during any of the sessions

EMAIL _____

FULL NAME OF PARENT(S) OR
GUARDIAN _____

DATE AND CHURCH OF BAPTISM: _____
Please note if you were not Baptised in your current Parish, you will need to obtain a copy of your Baptism Certificate.

DATE AND CHURCH OF 1st HOLY COMMUNION _____

DECLARATION TO BE SIGNED BY THE CANDIDATE

I would like to receive the Sacrament of Confirmation. I am willing to attend the instruction course, any away days, and retreats to help with my preparation for this Sacrament. I understand that if I am disruptive or not willing to take part, I may not be put forward as a Candidate for Confirmation.

Signed Candidate. _____

DECLARATION TO BE SIGNED BY THE PARENT(S) OR GUARDIAN

I/We give permission for the above candidate to receive preparation for the Sacrament of Confirmation; I/We will do our best to journey with them and encourage him / her in attending Mass and in their preparations for Confirmation.

I/We give permission for photographs of the Candidate to be taken for display purposes within the Diocesan Child Protection Guidelines, and for photographs or videos to be taken during the Confirmation Mass.

Signed: Parent /Guardian. _____

Please return to.....

By..... (DATE)