

SACRED HEART PARISH

Confirmation 2015 Application Form

Please circle the Mass you generally attend.

Sunday	9am	10.30 am	5.15 pm
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SURNAME _____

CHRISTIAN NAMES _____

ADDRESS _____

POSTCODE _____

HOME TELEPHONE NUMBER _____

EMAIL _____

DATE OF BIRTH _____

CHURCH OF BAPTISM _____

DATE OF BAPTISM (roughly) _____

Please explain why you wish to receive the Sacrament of Confirmation

I agree to attend the Pre-Confirmation and Confirmation programmes and understand that I will attend all the preparation sessions.

Signed _____ Date _____

FOR OFFICE USE ONLY	Family registered with Parish	Yes	No
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