

Sacrament of Confirmation Application Form.

Child's name (as to appear on the certificate) _____

Date of birth / / Place of Birth _____

Parish of Baptism _____

Date of Baptism / / (Baptism Certificate MUST be provided)

Date of First Reconciliation _____

Date of First Holy Communion _____

Mother's name _____

Mother's maiden name _____

Mother's religion _____

Father's name _____

Father's religion _____

Address _____

E-mail _____

Phone _____

Please note:

Full participation in all aspects of the preparation programme is required for children to receive the Sacrament of Confirmation.

Please tick to indicate your acknowledgement of participation.

- I would like my child to begin preparation for Confirmation.
- We will attend all Masses & sessions.
- I will lead my child through the preparation activity booklet.

I _____ (parent) and my child _____ understand that we are making a commitment to attend the Confirmation Commitment Mass and Reflection Day as well as complete the preparation activity booklet. We understand that failure to complete the learning preparation will mean my child will not be able to make the sacrament.

Signed: _____

Date: / /

Please return this form and a copy of your child's Baptismal certificate to the St James Primary School office or email to ecrsacraments@stjames-stbede.org.au