

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 _____

School child attends _____

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.

Please inform us if your child has any medical/dietary needs or allergies that we should be aware of:

Medical: _____ Dietary: _____

Allergies: _____ Care Needs: _____

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 info@stjames-stbede.org.au

Office details:  104 Broadway, Chippendale  02 9660 1407  info@stjames-stbede.org.au