

Sacrament of Confirmation

I wish to take part in the preparation for the Sacrament of Confirmation

Name

Date of Birth:

Date of Baptism:

Church where you were Baptised:

Address:

Contact details: We will only use this information to supply information / reminder about the Confirmation preparation and the Confirmation Service.

Supporting Signature of Parent

Email:

Address:

Postcode: Telephone No:

please return this form to Fr. Peter at St. Anthony's