



**REGISTRATION for CONFIRMATION 2017-2018**  
**SS Joseph and Swithun Parish Bromley**



**DECLARATION TO BE SIGNED BY THE CANDIDATE**

I would like to receive the Sacrament of Confirmation. I will participate fully in the preparation course, any away days, and retreats to help me prepare for this Sacrament. I understand that celebrating Mass each week and becoming actively involved in the Parish Community of SS Joseph and Swithun's is an important part of my preparation.

**So I commit now to: participate fully in the celebration of the Mass every week, make time to pray every day, and to lovingly serve others.**

**I will also make the Confirmation Preparation Sessions a priority for the coming year.**

Candidate's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Address of Parish of Baptism \_\_\_\_\_

Details of any disabilities/Special Needs \_\_\_\_\_

**All information given will be treated as STRICTLY confidential**

Signature of Candidate \_\_\_\_\_

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

I/We give permission for the above candidate to begin preparation for the Sacrament of Confirmation.

I/We will journey with them, encourage them to attend Mass weekly, and as a norm with me/us, and support their Catechists during Confirmation preparation sessions, away days & candidates retreat.

Name of Candidate's Parents/ Guardian \_\_\_\_\_

Mother \_\_\_\_\_

Father \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Candidate's address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ mobile: \_\_\_\_\_

Parent's email address \_\_\_\_\_

Sponsor's Name \_\_\_\_\_

Sponsors must be over the age of 16 and Confirmed practising Catholics. **(Not Parents or Grandparents)**

Name of Candidate's School \_\_\_\_\_

Do you give permission for this information to be included on the Parish Database? **YES/NO**

Do you give permission for your child's photo to be posted on the Parish Website or pillars in the church without names or personal details? **YES/NO**

**TO BE COMPLETED BY THE CANDIDATE:** In your own words say why you want to be Confirmed next year.

*I want to receive the Sacrament of Confirmation because .....*

**BEING ACTIVELY INVOLVED IN THE PARISH COMMUNITY IS AN ESSENTIAL PART OF  
YOUR CONFIRMATION PREPARATION**

**Please state in what way you are involved in the Parish Community of SS Joseph and Swithun**

I am involved in the Parish Community of SS Joseph and Swithun's

**If you are not actively involved, please state in what areas you wish to become involved**

I wish to become actively involved in the Parish Community of SS Joseph and Swithun's

Please enclose the following:

- 1) **A Copy of your Baptism Certificate-** if you were not baptised at St Joseph's or St Swithun's please obtain a copy of your Baptism Certificate from the Parish where you were baptised
- 2) **Two photographs with your name written on the back**
- 3) **A Registration fee of £30.**

**TO REGISTER:** please bring the above with your completed application form to the Presbytery during surgery times. Monday 5-7pm or Wednesday 5-7pm