



DECLARATION TO BE SIGNED BY THE CANDIDATE

I would like to receive the Sacrament of Confirmation. I am willing to attend 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 St Swithun's is an important part of my preparation.

| Candidate's Full Name |
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| Date of Birth Parish |
| Date of Baptism |
| Address of Parish of Baptism |
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| 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 are willing to journey with them, encourage them to attend Mass weekly 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 |
| Parent's email |
| Sponsor's Name |
| Name of Candidate's School |

| TO BE COMPLETED BY THE CANDIDATE: |
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| In your own words say why you want to be Confirmed next year |
| I want to receive the Sacrament of Confirmation because |
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| Please enclose the following: |
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| A Copy of your Baptism Certificate- if you were not baptised at St Joseph's please obtain at a copy of your Baptism Certificate from the Parish where you were baptised |
| 2) Two photographs with your name written on the back3) A Registration fee of £30. |
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| TO REGISTER: please bring the above with your completed application form to St Joseph's Parish Presbytery during surgery times. Monday 6-8pm & Wednesday 5-7pm |