

SAINT PHILIP HOWARD PARISH

APPLICATION FOR THE SACRAMENT OF CONFIRMATION

The details marked with an asterisk (*) need to be completed before you start the course

* Name: _____

* Address _____

* Post Code: _____

* Email Address: _____

* Telephone Number: _____ * Mobile Number: _____

* Date of Birth: _____ * Marital Status: _____

* Male/Female _____

*Name of Church where
you were baptised: _____

* Denomination: _____

* Place of Baptism: _____

* Date of Baptism: _____

* Your Father's Name: _____

* Your Mother's Name: _____

* Your Mother's Maiden Name _____

Signed: _____ Print Name: _____

(You will need to provide a copy of your Baptismal Certificate with this registration form.)

Name of Your Confirmation Sponsor: _____

Please Note: He/She must be at least 16 years of age and a practising member of the Catholic Church
A form will be given to your Sponsor for their Parish Priest to sign attesting to their Catholic Practice

The Name you have chosen for your Confirmation Name _____

Please Note: This must be the name of a recognised Catholic Saint

"In signing this form I agree that the information given above may be held securely by the Parish and that some or all of the conditions as set out in Schedule 3 of the 1998 Data Protection Act may apply."

Please return this form to:

Rev.Fr. Philip John, St. Philip Howard Catholic Church, 33 Walpole Road, CAMBRIDGE, CB1 3TH