

Parish of the Immaculate Conception, Bicester
SACRAMENT OF CONFIRMATION

Name of Child	
Date of Birth	
Date of baptism Was your child baptised in this parish?	Yes / No If not, please give details, including full postal address:
Home Address	Postcode:
Name of parents or guardians	
Religion of parents or guardians	Mother Father
Telephone Number	Home: Mobile
Email address	
Contact name and number for emergency use.	Name: Number:
Which school does your child attend?	
Does your child have any medical condition or allergies of which we should be aware?	YES * (please give details) *delete as required NO*
Do you give permission for your child to receive first aid if required?	YES* *delete as required NO*

Do you attend Mass in this parish?	Yes / No * (delete as required) If yes, how often? * Weekly fortnightly monthly occasionally special occasions only If no, in which parish do you worship, and how often?
<u>To be completed by the child</u> Why do you wish to be prepared for the sacrament of Confirmation?	
<u>To be completed by parents:</u> Do you support your child in his / her wish?	YES / NO

Please read the following and then sign and date as shown.

- I understand that attendance is compulsory at the **Rite of Presentation**, at **all classes**, at the **day retreat** and at the **rehearsal**.
- I understand that it is my responsibility to ensure that my child attends Sunday Mass regularly.
- I undertake to help my child to prepare for the sacrament of Confirmation through prayer, example, discussion and completion of tasks set as part of the parish programme.
- I give permission for my child to be supervised by the Catechists at the Church of the Immaculate Conception.
- I enclose £10 in payment for all course literature and materials. *(Please make cheques payable to The Parish of the Immaculate Conception.)*

Signed _____(parent/guardian)

Date _____