



ST. MARY THE MOUNT R.C. CHURCH

Vocationist Fathers
Glebe Street, WALSALL, WS1 3NX
Email: stmary.walsall@rcaob.org.uk
Tel. 01922 - 622633



APPLICATION FOR CONFIRMATION 2020-2021

CANDIDATE			
FULL NAME			
DATE OF BIRTH			
DATE OF BAPTISM	<i>(Please enclose Baptism certificate)</i>		
ADDRESS			
POST CODE		Mobile/Tel. No.	
EMAIL ADDRESS	<i>(Please print clearly and <u>do not</u> use capital letters unless your email address contains capital letters.)</i>		
NAME OF SCHOOL		SCHOOL YEAR GROUP:	
PARENTS	NAME		RELIGION
FATHER			
MOTHER			
MOTHER'S MAIDEN NAME			
HOW OFTEN DO YOU ATTEND SUNDAY MASS?	Regularly	Occasionally	Not at all
	FATHER <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MOTHER <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MARITAL STATUS	<input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> with Partner		
IF MARRIED	Church of Marriage		
	Place of Marriage		
	Is this your First Marriage?	Father YES/NO	Mother YES/NO

We, Mr and Mrs _____

parents of _____

having first and irreplaceable responsibility for the faith education of our child, **request**

that you enrol him/her for Confirmation preparation and **we commit ourselves**

- to follow the preparation for Confirmation,
- to help and cooperate with the catechists,
- to attend Sunday Mass in St. Mary's Church on Sundays and Holy Days and
- to attend periodical meetings in the parish.

Signature of parents or guardians: _____

Date: _____