WESTERN PORT PARISH

Details for Candidate to receive the Sacrament of Confirmation 2025

Parent/Guardian name: _____

Mobile Number: _____

Email address: _____

Address: _____

Child's Name: _____

School attending: _____ Grade: _____

D.O.B. _____

My child celebrated Baptism on _____ at the Parish of _____

My child celebrated First Eucharist on _____ at the Parish of _____

Does your child have any medical issues that we should know about?

_____

_____

I give permission for my child named above to attend Sacramental Preparation at St Mary Immaculate and will be committed to bring my child to attend all 4 sessions.

Parent/Guardian name: _____ Signature: _____

Date: _____