

Catholic Portsmouth

Catholic Parishes and Schools in Partnership in the City of Portsmouth

Confirmation Programme 2012 Registration Form

Candidate's Surname

Christian Name(s)

.....

.....

Date of Birth

Preferred Name

.....

.....

Name of Parent(s)/or those with parental responsibility

.....

Telephone No.....

Home Address.....

.....

Post Code.....

Email.....

Parish Church and Mass you most regularly attend.....

.....

Candidate's Church of Baptism.....

Date of Baptism.....

Please attach a copy of the Baptismal Certificate to this Form.

School that Candidate attends.....

Year Group.....

/ continued overleaf

Has the Candidate any:

Allergies/Sensitivities.....

Special Dietary needs.....

Special needs/requirements.....

.....

Is there any information about your child you would like us to know?

.....

.....

.....

.....

I give my permission for.....to travel home on their own on:

Friday eveningYes/No

Sunday daytimeYes/No

Signature of Parent/or those with parental responsibility

.....

Date.....

'SACRAMENT OF THE SPIRIT'