Parish of Effingham and Fetcham

Application for the Sacrament of Confirmation

Applications are accepted from young people in Year 10 at school or older.

Young Person's Name	
Date of Birth	
Date of Baptism	
Place of Baptism (Name of Church and Town)	
School	
Young Person's Email (if parents consent – see overleaf)	
Parents' Names	
Address	
Post Code	
Phone Number	
Parent's Email	
Emergency Contact Phone Number	
Medical conditions / medications / allergies which we should know about (continue overleaf if necessary)	

P.T.O.

Young Person's Consent	
I wish to take part in the parish Confirmation Programme. I want to learn more about the Catholic faith and to live it out more fully.	
Candidate's Signature	
Date	

Parental Consent	
I agree to my son / daughter _____ [Name] taking part in the Effingham and Fetcham Parish Confirmation Programme.	
I do / do not consent to the parish contacting my son / daughter by email. [Delete as appropriate]	
Parent's Signature	
Date	

Please complete and return this form WITH A COPY OF YOUR BAPTISMAL CERTIFICATE to Deacon Ian as soon as possible.

Any Additional Information

Information provided on this form, together with all other personal data held about these individuals by the Parish and the Diocese of Arundel and Brighton, is processed in accordance with the Diocese's Privacy Notice, which is available at www.dabnet.org.