

APPLICATION FOR CONFIRMATION PROGRAMME

(PLEASE USE CAPITAL LETTERS THROUGHOUT)

PHOTO

CANDIDATE'S DETAILS:

CANDIDATE'S NAME AND SURNAME:

DATE OF BIRTH:

MOBILE:..

EMAIL ADDRESS:

PLACE OF BAPTISM (*FULL POSTAL ADDRESS*)

DATE OF BAPTISM

(IF NOT BAPTIZED IN ST. JOHN VIANNEY'S PARISH, PLEASE SUPPLY COPY OF YOUR BAPTISM CERTIFICATE)

DETAILS OF FAMILY:

PARENT'S/GUARDIAN'S NAME(S)

ADDRESS:

TELEPHONE (HOME):(MOBILE):.....

EMAIL ADDRESS:

MASS ATTENDANCE:

WHICH CHURCH DO YOU NORMALLY ATTEND?

WHICH MASS DO YOU USUALLY ATTEND?

*(OWING TO THE LARGE NUMBER OF APPLICATIONS AND OUR RESPONSIBILITY TOWARDS REGULAR WORSHIPERS
HERE AT ST JOHN VIANNEY CHURCH, SADLY WE CANNOT COPE WITH APPLICANTS WHO ARE NOT PART OF OUR
WORSHIPPING COMMUNITY).*

SCHOOL:

PRESENT SCHOOL: YEAR

APPLICANTS MUST BE IN YEAR 10 OR ABOVE IN SEPTEMBER TO REGISTER FOR THE CONFIRMATION PROGRAMME

CONFIRMATION

WHY DO YOU WISH TO RECEIVE THE SACRAMENT OF CONFIRMATION?

.....
.....

CONFIRMATION NAME:.....

NAME OF SPONSOR(S).....

.....

SIGNATURE: DATE:

ST JOHN VIANNEY CHURCH: 4 VINCENT ROAD. WEST GREEN. LONDON N15 3QH

**PLEASE RETURN TO THE PARISH OFFICE OR EMAIL IT TO
WESTGREEN@RCDOW.ORG.UK**