

IMMACULATE HEART OF MARY PARISH

6 Kerrinea Rd, Sefton
Phone: 9644 4026
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APPLICATION FOR CONFIRMATION 2019

CHILD'S NAME: _____ MALE/FEMALE

CHILD'S SCHOOL: _____

DATE OF BIRTH: _____ CLASS: _____

FAMILY ADDRESS: _____

HOME PHONE: _____ MOBILE: _____

EMAIL ADDRESS: _____

FATHERS NAME: _____ RELIGION: _____

MOTHER'S NAME: _____ RELIGION: _____

CHILD'S PLACE OF BAPTISM: _____

DATE OF BAPTISM: _____
(Please attach copy of Baptism Certificate if neither Baptism, Reconciliation or First Communion in Sefton)

YEAR & PLACE OF (first) RECONCILIATION: _____

DATE OF FIRST COMMUNION: _____
(Please attach copy of First Communion Certificate if not in Sefton)

CHILD'S PLACE OF FIRST COMMUNION: _____

SAINT'S NAME FOR CONFIRMATION: _____
Either the child's own Christian name OR a Saint's Name

NAME OF SPONSOR: _____
Sponsors are to be fully initiated Catholics (i.e. Have been Confirmed and made their First Holy Communion) regular in their practice of the Faith, and over sixteen years of age. Parents cannot be sponsors.

Parents/carers are needed to lead the small group sessions. Please consider volunteering.

FOR PARENTS: I am willing to lead a small group Yes/No Name: _____

PLEASE CIRCLE YOUR PREFERENCE FOR GROUP SESSIONS:

Sundays 11.00am

Wednesdays 6pm

To enrol for the Sacrament of Confirmation this form must be completed and returned by
3rd May to the Parish Office, (Presbytery).

Parent Only Night is at 7pm on Wednesday 22nd May in the Oblate Rooms.

Confirmation Tuesday 25th June, 7pm