



**ST JOHN THE EVANGELIST CATHOLIC CHURCH  
TADWORTH**

**APPLICATION FORM FOR CONFIRMATION  
PREPARATION COURSE 2019-2020 for Year 10 and above**

**The candidate should complete this form**

FULL NAME: .....

DATE OF BIRTH: .....

MY E-MAIL: .....

MY MOBILE: .....

PARENTS' NAMES: .....

ADDRESS: .....

.....

PARENT'S PHONE NUMBER: .....

PARENT'S MOBILE NUMBER: .....

PARENT'S E-MAIL: .....

SCHOOL I ATTEND: .....

MY SCHOOL YEAR: .....

CHURCH & PLACE OF BAPTISM - FULL POSTAL ADDRESS.....

.....

DATE OF BAPTISM: .....

Please attach a copy of your Baptismal certificate if you were not baptised in our parish.

CHURCH WHERE YOU ATTEND MASS: .....TIME: .....

DO YOU ATTEND MASS REGULARLY/FREQUENTLY/OCCASIONALLY? (Please circle)

Enrolment on this course does not commit me to being confirmed in **APRIL 2020**.

However, it does commit me to exploring my faith through participation in the parish Confirmation Programme. I therefore promise that I will devote the necessary time and effort between now and next year so as to make an informed choice regarding whether I wish to be confirmed.

Signed .....

## CLOSING DATE FOR ENROLMENT 10 OCTOBER 2019

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**PARENTAL CONSENT SECTION**

I give my consent to allowing my son's/daughter's photograph being displayed on parish noticeboards and elsewhere without a name being attached.

**YES / NO**  
(Please circle)

I agree to receiving e-mail and phone messages relating to the Confirmation programme 2019-2020.

**YES / NO**  
(Please circle)

I agree to the parish holding data records concerning the Confirmation preparation both in hard copy and electronically.

**YES / NO**  
(Please circle)

I agree to trusted parish nominated Catechists holding data concerning Confirmation preparation in hard copy and electronically on their personal computers for the duration of the course.

**YES / NO**  
(Please circle)

Date Received by Parish Office.