



# St Joseph's Parish Community

## Request for the Sacrament of Confirmation



**COMPLETE THIS APPLICATION FORM and return to School Office by Friday 28 August 2020**

### about our child

**Christian Names:** \_\_\_\_\_ **Surname:** \_\_\_\_\_  M  F

**Place of Birth:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Church of Baptism:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Church of 1<sup>st</sup> Holy Communion:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**SAINTS NAME FOR CONFIRMATION:** \_\_\_\_\_

**NAME OF SPONSOR:** \_\_\_\_\_

***If your child was baptised or made their 1st Holy Communion at another parish, please include a copy of their certificates with this form.***

### About ourselves

**Father's Full Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Fathers DOB:** \_\_\_\_\_ **Mobile: No:** \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Mothers DOB:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**Mother's Maiden Surname:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Enrolment Commitment

We desire to enrol our child into the School Preparation program for the Sacraments of Confirmation. We recognise that we are their first teachers in the ways of faith and that we are doing our best to provide for our child a true pattern of Christian living. We acknowledge a commitment to the celebration of Sunday Mass and of family prayer. We are aware that our child must be carefully prepared for full and active participation in the sacramental life of the church, and that the responsibility for this preparation is primarily our own.

We rely on God's help and the continued support and encouragement of God's people in the Church to faithfully accept these responsibilities.

**Please fill out the section below to allocated which date you prefer for Confirmation:**

**TUESDAY 3 November 7pm**

**WEDNESDAY 4 November 7pm**

We are asking that only **the parents/carers and sponsor** attend the Sacrament with their child (*4 people only*).

Please complete the below for our registration requirements (Numbers are vital)

Name	Contact number

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**COST: \$25.00 - Payment to be made via the Compass Parent Portal - Event or EFTPOS at school office (*no cash accepted*). **We will notify parents/carers once Compass event has been set up for payment.****

**NB: Due to COVID19 restrictions, you must register via the Parish Office for Sunday Masses.  
Ph: 4284 3000 Mon- Thurs 9:30am – 3pm**