



Star of the Sea Church
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ENROLMENT FORM SACRAMENT OF CONFIRMATION 2020

The purpose of this application form is to establish the intention of the parents' wish that their child receives the sacrament of Confirmation. It can no longer be taken for granted that every child in Sixth Class is eligible or wishes to receive this sacrament.

Your co-operation in completing this application will help the priests and teachers establish those children to be enrolled in sacramental preparation for the coming season. Please use block letters.

CHILD'S SCHOOL: _____

CLASS TEACHER: _____

CHILD'S CHRISTIAN & SURNAME: _____

CHILD'S ADDRESS: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL MAIDEN NAME: _____

PHONE NUMBER: _____

EMAIL: _____

SPONSOR'S NAME: _____

CONFIRMATION NAME: _____

CHILD'S DATE OF BIRTH: _____

CHILD'S DATE OF BAPTISM: _____

CHURCH OF BAPTISM: _____

ADDRESS of CHURCH OF BAPTISM: _____

****Please supply a copy of the child's baptism certificate if the baptism took place outside this Parish if you have not already done so.**

"I wish that my child be prepared for the reception of the Sacrament of Confirmation during the present school year. I agree to co-operate in the preparation events leading up to the celebration of this sacrament".

Signature of Parent(s)/Guardian(s): _____

Date: _____

Commitment of Child for Confirmation: I promise to take part in the Confirmation Preparation Programme

Signature of Child for Confirmation: _____

Date: _____