



READING PASTORAL AREA CONFIRMATION 2019



APPLICATION FORM FOR CONFIRMATION

PLEASE USE BLOCK CAPITALS

Candidates First Names:	Male/Female
Candidates Surname:	
Candidates Date of Birth:	Church attending:
Address:	
	Postcode:
School attended:	
School Year: (Must be Year 8 or above)	
Parental mobile:	Candidates mobile:
Parental email:	
Father's Full Name:	
Mother's Full Name:	
Candidates Church of Baptism:	Date of Baptism:
Address of Church:	
	According to which Rite:

A copy of the candidates Baptism certificate is required for Confirmation

DATA PROTECTION STATEMENT

I/We agree to the parish adding this information to the 'parish register' for use in its work in the community to provide a better service to parishioners and to realise its objectives. The information will be held securely in a locked filing cabinet, and where it is held on computer it will be password protected. Access to the information will be restricted to the Parish Priest and the people authorised by him. It is intended to renew this information every five years.

Parents signature:	Candidates signature:
Date:	

Please return to the Parish Office by **31ST JULY 2018**



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PARENTAL CONSENT FORM

PLEASE USE BLOCK CAPITALS.

Candidate's Name: _____

Date of Birth: _____ Parental email: _____

Parents Names: _____

Address: _____

Parental Contact phone number: _____ Parental mobile: _____

Alternative Emergency Contact Name: _____

Relationship: _____

Address: _____

Contact phone number: _____ Mobile: _____

Health (Tell us of any allergies, or if your son/daughter suffers from any ailments and/or is taking any medication)

(Please Tick)

I agree to my son/daughter taking part in the **CONFIRMATION PREPARATION PROGRAMME**

I agree for my son/daughter having their photograph taken and being shown in the Churches.

I agree to the images being published on the Parish Website / Facebook.

When the session is finished:

I will collect my son/daughter I am happy for my son/daughter to make their own way home.

My son/daughter will be collected by _____

Declaration

In the event of an illness or accident, every effort will be made by the programme director to contact me. If for any reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency medical treatment as considered necessary by the medical authorities present.

I/We agree to the parish adding this information to the 'parish register' for use in its work in the community to provide a better service to parishioners and to realise its objectives. The information will be held securely in a locked filing cabinet, and where it is held on computer it will be password protected. Access to the information will be restricted to the Parish Priest and the people authorised by him. It is intended to renew this information every five years.

Signed: _____ Date: _____

(Parent/Guardian)

Please return this form together with the application form and a copy of the baptism certificate.