



ST MARY'S THE MOUNT PARISH

Vocationist Fathers
 Glebe Street
 WALSALL, WEST MIDLANDS
 WS1 3NF
 Tel. 01922 622633
 e-mail: stmarysthemountparish@yahoo.co.uk
 www.stmarysthemount.co.uk



APPLICATION FOR CONFIRMATION PREPARATION 2018-2019

CANDIDATE			
FULL NAME			
DATE OF BIRTH			
DATE OF BAPTISM	<i>(please enclose Baptism certificate)</i>		
ADDRESS			
POST CODE		Mobile Tel:	
		Email:	
SCHOOL YEAR	NAME OF SCHOOL		
PARENTS	NAME	RELIGION	
FATHER			
MOTHER			
MOTHER'S MAIDEN NAME			
HOW OFTEN DO YOU ATTEND MASS?	Regularly	Occasionally	Not at all
FATHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MARITAL STATUS	MARRIED YES/NO		
	If No, are you a Single Parent Yes/No OR Living with your Partner Yes/No		
IF MARRIED	Church of Marriage		
	Place of Marriage		
	Is this your First Marriage?	Father YES/NO	Mother YES/NO
<p>We, Mr and Mrs _____</p> <p>parents of _____</p> <p>having first and irreplaceable responsibility for the faith education of our child, request that you enrol him/her for Confirmation preparation and we commit ourselves</p> <ul style="list-style-type: none"> • to follow the preparation for Confirmation, • to help and co-operate with the catechists, • to attend Sunday Mass in St. Mary's parish regularly and • to attend periodical meetings in the parish. <p>Signature of parents or guardians: _____</p> <p>Date: _____</p>			