ST MARY'S THE MOUNT PARISH

Vocationist Fathers Glebe Street WALSALL -W. MIDLANDS WS1 3NF Tel. 01922 622633

e-mail: stmarysthemountparish@yahoo.co.uk www.stmarysthemount.co.uk



APPLICATION FOR CONFIRMATION 2013-2014

CANDIDATE						
FULL NAME						
DATE OF BIRTH						
Date of Baptism	(please enclose Baptism certificate)					
ADDRESS						
POST CODE	Tel.					
YEAR SCHOOL	NAME OF THE SCHOOL					
PARENTS	NAME F					RELIGION
FATHER						
MOTHER						
MOTHER'S MAIDEN N	IAME				1	
HOW OFTEN		Regularly	Occasio	onally	Not at a	II
DO YOU ATTEND MASS	FATHER					
	MOTHER					
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 you	r First Marriage	Father	YES/NO	Mother	YES/NO
We Mr and Mrs						
parents of						
as having first and in that you enrol him / I		requ	est paration a	and	four Child	
- in following the preparation for the confirmation,						
- helping and cooperating with the catechists,						
 by attending Sunday mass in St. Mary's parish regularly and by attending periodical meetings in the parish. 						
Signature of parents or guardians						
Date						