

Child's First Name/s.....
Child's Surname:
Contact Name:
Address:
Telephone Number:
School:
Child's Date of Birth.....

Authorisation Signature (for photograph)

DATE OF CONFIRMATION: Wednesday 9THMAY 2012 at 7.00pm

Child's chosen Confirmation Name.....

Full Name of Sponsor for Confirmation (Must be R.C.).....

(Not a Parent)

DATES FOR FIRST HOLY COMMUNION: Sunday 10th JUNE 2012 at 3.00pm.

Sunday 17th JUNE 2012 at 3.00pm.

Please return completed form to Denise Frain or Mrs. Walker, Thank you.