

APPLICATION FORM FOR CONFIRMATION 2026/27 - ST VINCENT 'S PARISH, BECONTREE



(To Be Completed By Candidate)

Surname:.....

First Name(s).....

Address:
.....

Postcode:..... Date of birth:

School Name:.....Year Group:.....

Church of Baptism:..... Date of Baptism

[Please attach a copy of your baptismal certificate with this application form]

Where do you attend Mass on a regular basis?

I am a member of the Parish Church of

and I normally attend Mass on (day).....at (time).....

To be completed by the candidate in their own words: To help us provide the very best of preparation please provide the reasons why YOU would like to be confirmed.

These are the reasons I would like to be confirmed:

Are you currently actively involved in Parish life? Please explain e.g. Altar serving, children's liturgy, choir, lay reader e.t.c. If not, which one would you like to join?

- I would like to be enrolled as a Candidate for the Confirmation Preparation Programme, so that I can be prepared for the Sacrament of Confirmation in 2027 and so that I can grow in my Catholic faith.
- I agree that I will fully participate in the Confirmation Preparation Programme, especially by attending and contributing to discussions each session as well as by my example of the practice of the Catholic faith through prayer and attending Sunday Mass.
- I understand that Sunday Mass, the Preparation Sessions and the Retreat are of obligation and take precedence over other activities.

Signature of Candidate: Date:.....

Please return this form with a copy of the candidates baptismal certificate by the 4th October to the Parish office or by email: BecontreeSTVConfirmation@brcdt.org

APPLICATION FORM FOR CONFIRMATION 2026/27 - ST VINCENT 'S PARISH, BECONTREE



(Family details to be completed by Parent / Guardian)

Mother's Name: Religion:

Email: Mobile No:.....

Father's Name: Religion:

Email: Mobile No:.....

- I understand that Sunday Mass, the Preparation Sessions and Retreat are of obligation and take precedence over all other activities. I promise to support them in their sacramental preparation.

Signed (Parent/ Guardian) Date:.....

Please provide any additional information about your child that you would like the priest and confirmation catechists to know about and which may be helpful to their preparation of the Confirmation Programme:

Please indicate any special needs the catechists should be aware of concerning their learning:

Are there any medical issues the catechists should be made aware of regarding your child?

GENERAL DATA PROTECTION REGULATION:

Protecting your privacy – Your personal details will be stored and used by the Parish for the purposes of conducting and administering the Sacrament of Confirmation. By signing below, you acknowledge that Church Law requires some of your personal data to be entered in Registers and stored permanently; and our Parish is obliged to notify the Parish where you were baptised, if different. To allow the personal data on this form to be used as stated above, please indicate your consent below:

1/ we give permission for the personal data provided on this form to be used as stated above. I/we also give consent to our child's name being published in the newsletter.

Child's name:

Parent/Guardian name:.....

Signed (Parent/Guardian) Date:.....

Please return this form with a copy of the candidates baptismal certificate by the 4th October to the Parish office or by email: BecontreeSTVConfirmation@brcdt.org