## ST VINCENT DE PAUL CHURCH REGISTRATION FOR CONFIRMATION PROGRAMME

Name of confirmation candidate:	
Name of parents or legal guardians:	
Address:(Please include postal code and entry code if in apartn	nent building.)
Phone Number(s):	
E-mail address (optional):	
School which candidate attends:	Grade*:
Church of Baptism:	Date of Baptism:
Address of Church of Baptism:	
(Please include full mailing address)	
Certificate of Baptism: Attached W Baptized at Holy Fam	Vill bring later Not yet baptized ily or St Vincent's (no need to provide certificate)
please contact the church where you were ba encounter any problems, please call the recto	med. If you do not have a baptism certificate, aptized and ask for a copy to be sent to you. If you ory well in advance of the date of Confirmation. If ectory to arrange for baptism as soon as possible.)
Catholic I have an obligation to attend Mass Confirmation that I have an obligation to atte	t St Vincent de Paul Church. I understand that as a every Sunday and as someone preparing for end the catechism classes provided by the parish. I ses and from Mass may be a reason to delay my
Signature of Candidate:	Date:
Declaration of Parent or Guardian:	
regular attendance at Sunday Mass. I agree to may be a reason to delay his or her Confirma	to receive religious instruction at St Vincent re regular attendance at catechism classes and hat habitual absence from the classes and from Mass tion.
Signature of Parent or Guardian:	Date: