

I wish to receive the  
Sacrament of Confirmation

PLEASE PRINT in BLOCK LETTERS

Name:

Address:

Date of Birth:

*(You must be in school year 7 or above to take part in the programme)*

Date and Place of Baptism:

*(Please provide copy of Baptism Certificate if not baptized at Epsom)*

Phone number:

Email Address:

Choosing your Sponsor:

You will need a Sponsor (*i.e. someone who is able to guide and support you during the period you are preparing yourself for Confirmation.*) Your Sponsor must be older than you and needs to be a practising Catholic.

He/she could be a parent, older brother or sister, uncle, aunt, friend, etc.

For my Sponsor, I choose:

Explain briefly in your own words why you wish to be confirmed:

Signature:

