

Our Lady of Mt Carmel, Mt Pritchard

CONFIRMATION ENROLMENT

My name is _____ DOB _____

My address is _____

Parent (Full Name) _____

Current Parish/Church _____

I was Baptised at _____ on _____
(Parish) (Date)

I celebrated my first Reconciliation at –
_____ on _____

I celebrated my first Holy Communion at
_____ on _____

I wish to prepare for the Sacrament of Confirmation:

- I will attend either Sat at or Sun at Commitment Mass.
- I will try to come regularly to Mass and receive the Eucharist.
- I will attend the preparation classes and participate in them as well as I can.
- I will use the skills and gifts that God has given me to help others.

Parent/s print Name _____

Phone contact _____

Parent/s sign _____