

CONFIRMATION 2012 APPLICATION FORM
RETURN TO THE PARISH OFFICE

Surname:

Christian Name(s):

Address:

Postcode:

Telephone Number:

E-mail Address:

Date of Birth:

*(candidates must be 14+
and in year 10 or above)*

Church of Baptism:

*(If this is not St Paul's Parish
then a certificate of baptism
must be included)*

Date of Baptism:

Father's name:

Father's denomination:

Mother's name:

Mother's denomination:

School name and address:

I give permission for my son/daughter to prepare for confirmation and I will support them in all they have to do:

Parent or guardian's Signature

Date

**St Paul's Parish, Hazelgrove Road,
Haywards Heath. RH16 3PQ**
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Fax 01444 441439
e-mail stpaulshh@dabnet.org

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