



Request of the Sacrament of Confirmation

- Thank you for having interest in the Parish life of Johnstown/Walterstown.

Please accept the GDPR Policy by ticking the box: I accept.

If the baptism took place in another parish, this information will also be forwarded to be entered in the Baptismal Register of that parish.

- Christian name(s) of the Child (as on the Birth Certificate):

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- Family name of the Child (as on the Birth Certificate):

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- Confirmation Name:

(The name chosen must have a Christian character or significance and ideally be the name of a saint who will protect, guide and inspire the person confirmed.)

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- Child's date of birth: ___/___/_____

- Child's date of Baptism: ___/___/_____

- Church of Baptism: Johnstown Walterstown Other_____

- If "Other Church", please provide the complete Address and Name of Parish where baptism took place:

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- If "Other Church", please provide an email address, where we can contact the Parish:

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- Child's Gender: Male Female

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- Child's Address:

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- Sponsor's Name:
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- Mother's* Name:
(You may be asked to provide evidence that at least one parent/guardian is Catholic):

- Mother's* Religion: Roman-Catholic Other _____

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- Father's* Name:

- Father's* Religion: Roman-Catholic Other _____

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- Parent's* Address:

- Parent's* telephone number:

- Parent's* Email address:

**Or Guardian's if applicable*

- Declaration:

I understand that the information provided by me on this Request Form will be used for the registration of my child's Confirmation and will be retained thereafter by the Parish for its own purposes only, and may be used in the future to contact me and/or my child in relation to other Parish matters.

I understand and accept

Date of completion:

____/____/____

SIGNATURE(S):

_____/_____