

**ST. PETER'S ITALIAN CHURCH
ADULT CONFIRMATION GROUP 2018
(BAPTISM / COMMUNION)**

Please complete using BLOCK CAPITALS

SURNAME.....

CHRISTIAN NAME.....

DATE OF BIRTH.....

ADDRESS.....

.....

TELEPHONE.....

E-MAIL ADDRESS.....

FATHER'S NAME AND SURNAME.....

MOTHER'S NAME AND SURNAME.....

ONLY NEEDED IF RECEIVING BAPTISM

GODFATHER'S NAME AND SURNAME.....

GODMOTHER'S NAME AND SURNAME.....

DO YOU REQUIRE ADMISSION INTO THE CATHOLIC CHURCH

YES..... NO.....

IF YOU HAVE ALREADY BEEN BAPTISED

NAME OF THE CHURCH.....

ADDRESS **in full**.....

.....

DATE OF BAPTISM.....

A PHOTOCOPY OF YOUR BAPTISM CERTIFICATE IS REQUIRED

FIRST HOLY COMMUNION YES NO

NAME OF CONFIRMATION SPONSOR

A PHOTOCOPY OF YOUR SPONSORS CONFIRMATION CERTIFICATE IS REQUIRED