**ST. MAXIMILIAN KOLBE PARISH**

Kingston – Marsden – Loganlea – Crestmead – Waterford – Logan Reserve-Yarrabilba

**SACRAMENTAL PROGRAM 2020: SACRAMENT OF CONFIRMATION FORM**

**CHILD’S DETAILS**

|  |  |
| --- | --- |
| **Full Name of Child***(as on the birth certificate)* |  |
| **Home Address** |  |
| **School Attending** |  | **School Year** |  |
| **Date of Birth** |  | **Place of Birth** |  |
| **Date of Baptism** |  | **Place of Baptism** |  |

**DETAILS OF PARENTS / GUARDIANS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Details** | **Father** | **Mother** | **Guardian** |
| **Name** |  |  |  |
| **Religion** |  |  |  |
|  **Phone/Mobile** |  |  |  |

**DETAILS FOR CONFIRMATION**

**Do you give permission for St. Maximilian Kolbe Parish to use a photograph of your child in the Parish or on the Parish Website.**

 **Yes No**

|  |  |
| --- | --- |
| **Choice of Child’s****Confirmation Name** | *(Please select a Saint’s name from list on the reverse side of this page)* |
| **Name of Sponsor** |  | **Religion** |  |

**We do hereby consent to the receiving the Sacrament of Confirmation of our son/daughter according to the Rites of the Catholic Church.**

**………………………........................**

**Parent(s)/ Guardian’s Signatures**

***Parish Office***

***Date of Receipt of Form: ..........................***

***Received by:..............................................***

**Requirements:**

**1. Copy of Baptism Certificate of the candidate**

**2. $25.00 fee/donation for materials and paper work for the Program**