



Whitefriars
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Faversham
Kent
ME13 7JW

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CONFIRMATION PROGRAMME 2016

NAME OF CANDIDATE:

FULL BAPTISMAL NAME OF CANDIDATE:

.....

DATE OF BIRTH:

I ATTACH (A COPY) OF THE BAPTISMAL CERTIFICATE Yes No

(If No, please explain why))

FULL DATE AND PLACE OF BAPTISM:

.....

FULL DATE AND PLACE OF FIRST EUCHARIST:

.....

NAME OF PARENTS OR GUARDIANS:

.....

ADDRESS.....

.....

.....

TELEPHONE NO.

EMAIL ADDRESS IF ANY: (Please write clearly)

.....

I give my consent to my child being photographed and that image being displayed.

Yes

No

Signed **Date**

Please return this form to Linda Durkin, Secretary at Whitefriars address above.