

CONFIRMATION 2019

Registration form for

Confirmation Programme in St Francis Parish Ascot 2019

(Please use block capitals. Email or post completed forms to the Friary letter box)

Name of Candidate : _____

Date of Birth of Candidate _____

Is the Candidate in Year 8 or Above ? _____

Name of Parent or Guardian : _____

Home Address: _____ Post Code _____

Telephone Number : _____

Email : _____

Which Mass do you normally attend ?

Vigil Mass Saturday 5:30pm or Sunday Mass 10:00am .

Please indicate if the candidate has any special medical issues which are important for the group leader to be aware of. _____

Signature of Parent/Guardian : _____

Please contact the Parish Office : stfrancisascot@portsmouthdiocese.org.uk if you have any queries.