

**ROMAN CATHOLIC DIOCESE OF HEXHAM AND NEWCASTLE**  
**ST. BENET BISCOP PARTNERSHIP**

**SACRAMENT OF CONFIRMATION REQUEST FORM**

Candidate's Name .....

Candidate's Date of Birth .....

Parents' / Guardians' Names .....

Address .....

Post Code .....

Home Phone Number (see Note 2) .....

Mobile Number (see Note 2) .....

Email Address (see Note 2) .....

Baptismal Date (see Note 3) .....

Name and Place of Church where  
Candidate was Baptised .....

First Holy Communion Date (see Note 3) .....

Name and Place of Church where  
Candidate received 1<sup>st</sup> Holy Communion .....

Home Parish .....

**I would like the following Candidate to be Confirmed in 2023.**

I agree to ..... taking part in the Confirmation Programme  
and **agree for us / them to attend the Preparation Course Meetings and to attend weekly Mass.**  
Signed ..... (Parent / Guardian) Date.....  
Signed ..... (Confirmation Candidate) Date.....

- Note 1:** This form **MUST** be completed in full for the candidate to be Confirmed. Please hand the Form to Fr. Manoj Joseph or forward to the Parish address or email address as shown below.
- Note 2:** Contacts - where possible please supply all three contact details: if not, supply at least one; if more than one mobile number that should be contacted, please supply all numbers;
- Note 3:** The exact full dates for Baptism / 1<sup>st</sup> Holy Communion must be supplied; if not known, please contact the Parish where baptised. **Proof of Baptism / 1<sup>st</sup> Holy Communion for the Candidate must be supplied.**

<b>Office Record:</b>	Request received	.....
	Parents / Candidate contacted	.....
	Confirmation Preparation Date	.....
	Certificate issued	.....
	Confirmation Register updated	.....