



# St Margaret of Scotland Catholic Church

Fir Tree Grove, Carshalton, SM5 4NG

Email: [carshaltonbeeches@rcaos.org.uk](mailto:carshaltonbeeches@rcaos.org.uk)

[www.stmargaretcarshaltonb.uk](http://www.stmargaretcarshaltonb.uk)

Tel: 020 8669 6483

## APPLICATION FOR CONFIRMATION

Name in full: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Attended: \_\_\_\_\_

Name and place of the church where you were baptized: \_\_\_\_\_

\_\_\_\_\_  
*Unless you were baptized here at St Margaret's, it will be necessary for the parish priest or one of the catechists to be shown a Baptism Certificate before you are Confirmed.*

Certificate seen on (Date + Initials): \_\_\_\_\_

Name of your Sponsor \_\_\_\_\_

[You need not fill this in at present. You may wish to think and pray before you choose your Sponsor; and perhaps talk over your choice with your parents].

**I wish to confirm my faith**

**and I wish to celebrate that by receiving the Sacrament of Confirmation.**

**I promise to attend the Confirmation group sessions regularly and punctually.**

Signed \_\_\_\_\_