

The Parishes of Molesey & Hersham

28 Vine Road, East Molesey, Surrey, KT8 9LF

0208 941 8400

stbarnabaseastmolesey@btconnect.com

Confirmation Application Form 2025-2026

Details (Please use capital letters)

| Confirmation Consent Form | | |
|--|------------------------|--|
| Name of Child | | |
| Date of Birth | | |
| Gender | | |
| What is the name of the school your child attends? | | |
| Which school year is your child currently in? | | |
| Parent/Carer Contact Details | | |
| Name(s) of Parent/Carer (Please provide details of both parents, if possible) | | |
| Relation to Child | | |
| Parent/Carer Phone Number | | |
| Parent/Carer Address | First Line of Address | |
| | Second Line of Address | |
| | Town | |
| | Postcode | |
| Parent/Carer Email Address | | |
| Emergency Contact Details | | |

| | | |
|--|------------------------|--------|
| Name of Emergency Contact | | |
| Relation to Child | | |
| Emergency Contact Phone Number | | |
| Emergency Contact Address | First Line of Address | |
| | Second Line of Address | |
| | Town | |
| | Postcode | |
| Emergency Contact Email Address | | |
| Medical Information | | |
| Does your child have any medical conditions including allergies and intolerances that we need to be aware of? (If Yes, please provide us with the details of your child's medical condition, allergies and intolerances as well as their medication) | | Yes/No |
| Medical conditions, allergies and intolerances including medication: | | |
| Contact Details of your Doctor | | |
| Name of Doctor | | |
| Name of Surgery | | |
| Address | First Line of Address | |
| | Second Line of Address | |
| | Town | |
| | Postcode | |
| Phone Number | | |
| Details of Catholic Baptism | | |
| Date of Baptism | | |
| Name of Church | | |

*(If the Baptism **did not** take place at St Barnabas, please provide the **full address** of the Catholic Church where the Baptism took place and a **copy of the Catholic Baptismal Certificate.**)*

| | | |
|----------------|------------------------|--|
| Church Address | First Line of Address | |
| | Second Line of Address | |
| | Town | |
| | Postcode | |

Parental Consent

I give permission for my child, named above, to begin formation for the reception of the Sacrament of Confirmation. As the first educator of my child in the ways of Faith, I promise that I will assist him/her in the preparations and bring him/he to Mass every Sunday and Holy Days of Obligation and to all the events contained in the formation programme. I also agree to attend **all** of the parental sessions.

I have read the above information and agree to fully follow this programme.

Parent/Carer Signature:.....

Parent/Carer Name:.....

Date:.....

Check List

- This form is completed in full and signed.
- A Baptismal Certificate is enclosed if the child was not baptised at St Barnabas, Molesey or All Saints Hersham.
- A passport photograph is enclosed (and separate photographic consent form signed)

Please return this form to the Parish Office at Molesey or the sacristy at Hersham by **Thursday 6th November 2025.**