

FIRST CONFESSION & FIRST HOLY COMMUNION: APPLICATION FORM

We wish to present our child for First Confession and First Communion

in	parish,	in 20	0	

We understand that, as parents, we are the first educators of our child in the ways of faith, and we are committed to playing our part, along with the school and the parish, in the spiritual preparation of our child for these sacraments.

Child's Name	2:
Date of Birth	:
Place of Bapt	tism:
	nes:
Address:	
Phone numb	er:
Signed:	
_	

Please return this form to the parish office, on or before _____

In line with our data protection policy, this application form will be destroyed within one year of celebration of the sacrament.



FIRST CONFESSION & FIRST HOLY COMMUNION: CONSENT FORM

Parish / Diocese:
Parent/Guardian's name:
Name of child receiving the sacrament:
Child's date of birth:
Address:
Email:
Phone no
Your privacy is important to us . As part of the GDPR and Data Protections Acts 1988–2018, we are required to keep a record of your consent to process your personal data.
We comparison post photos from the colobration of First Confession and

We sometimes post photos from the celebration of First Confession and Communion on our website and social media platforms. Please tick this box to confirm that you consent to use of your photo.

We would also like to use your contact details to contact you and your child in relation to other activities in our parish that we feel might be of interest to you. Please tick this box to indicate which activities you consent to being contacted in relation to:

Fundraising	Retreats	Formation	
If at any time you would I your parish priest.	like to withdraw your consent	to any of the above, please con	tact
Signed (Parent/Guardian)			

Signed (Parent/Guard	lian):	 	
Signed (Child):		 	
Date:		 	

This application form will be kept until the child receiving the sacrament turns eighteen, or until such time as consent is withdrawn by the parents/guardians.