



**St. Boniface RC Church**  
**185 Mitcham Road**  
**Tooting, SW17 9PG**  
**Tel: 020 8672 2345**  
**Email: secretary@stbonifacetooting.org.uk**

**Application Form for Confirmation Candidate**

Please write clearly in BLOCK CAPITAL LETTERS.

*The candidate must complete this form himself or herself*

Name of Candidate	.....
Name by which the candidate is commonly known	.....
Male / Female	Date of Birth
.....	
Address	.....
	.....
	.....
	.....
Contact Number	.....
Church and Date of Baptism	.....

**A CERTIFICATE OF BAPTISM MUST BE PROVIDED WITH THIS FORM**

Church of Baptism	.....
Address of Church of Baptism (including post code)	.....
	.....
	.....
Date of Baptism	.....

**CHILDREN MUST BE IN YEAR 9 OR ABOVE OF SECONDARY SCHOOL**

Present School and Form	.....
	.....
	.....
	.....

I ..... conscious of the work of the Holy Spirit in my life, wish to apply for enrolment in the Confirmation programme.

**SIGNATURE** of Candidate: .....

<b>Form &amp; Baptism Certificate Seen by:</b>	
Priest: .....	
To start course	Yes <input type="checkbox"/> No <input type="checkbox"/>