CLEVEDON, NAILSEA, PORTISHEAD - CONFIRMATION PROGRAMME

FULL NAME OF CHILD	PARISH OF BA	APTISM	NAME as it will appear on certificate
TOLE NAME OF CHILD	TAMISTION	(1 11311	INATIL as it will appear on certificate
Likes to be known as	DATE OF BAP	TISM	
DATE OF BIRTH	SCHOOL ATT	ENDED	NATIONALITY
ALLERGIES	LANGUAGE or	LEARNING DIFF	ICULTIES / SPECIAL NEEDS
PARENT/GUARDIAN DATA			
NAME OF MOTHER/GUARDIAN		NAME OF FATHER /GUARDIAN	
RELIGION		RELIGION	
Church attended		Church attended	
Sunday Mass (time) if applicable		Sunday Mass (time) if applicable	
ADDRESS OF MOTHER		ADDRESS OF I	FATHER (if different)
POST CODE		POST CODE	
MOTHER		TATLIED.	
MOTHER		FATHER	
Makila		Mobile	
Mobile			
Email		Email	
	ADMINISTR	ATION ONLY	
☐ BAPTISM CERTIFICATE	NOTES		
☐ PHOTO PERMISSION			
APPLICATION FORM			