

SAINT BRIGID'S, TORYGLEN

APPLICATION FOR THE SACRAMENTS 2016/2017

SECTION 1 – YOUR DETAILS

Name _____

Address _____

Tel. _____

Email _____

Relationship to the child named in Section 2 _____

For which Sacrament are you applying on behalf of your child? _____

SECTION 2 – YOUR CHILD'S DETAILS

Name _____

Age _____

School attended _____

Primary _____

Parish in which s/he was baptised _____

Date of Baptism _____

SECTION 3 – YOUR PRACTICE OF THE FAITH

How often do you go to Sunday Mass?

Every Sunday ☐

Several times a month ☐

Once a month ☐

Rarely ☐

For how long has this been your practice? ____ years ____ months

Do you attend Mass on Holy Days of Obligation?

Yes ☐

No ☐

For how long has this been your practice? ____ years ____ months

Name of church in which you usually attend Mass _____

SECTION 4 – DECLARATION

I wish to present my child for the reception of the Sacraments in St Brigid's Parish. As a Catholic parent/guardian I acknowledge that it is my duty to ensure s/he comes to Mass both before and after the celebration, and that it is a serious sin to deliberately miss Mass on Sundays or Holy Days of obligation. In addition, I confirm that the answers given above are true to the best of my knowledge and belief.

Signed _____

Date _____