PARISH OF HOLY TRINITY, RATOATH, DIOCESE OF MEATH Eircode: A85 VX46, Tel: 01-8256207, Email: ratoathparish@gmail.com, website: www.ratoathparish.ie

Request for the Sacrament of Confirmation

•	Thank you for your interest in the Parish life of Ratoath.
	Please accept the GDPR Policy by ticking the box: □ I accept.
	If the baptism took place in another parish, this information will also be forwarded to be entered in the Baptismal Register of that parish.
•	Christian name(s) of the Child (as on the Birth Certificate):
•	Family name of the Child (as on the Birth Certificate):
•	Confirmation Name: (The name chosen must have a Christian character or significance and ideally be the name of a saint who will protect, guide and inspire the person confirmed.)
•	Child's date of birth:/
•	Child's date of Baptism:/
•	Church of Baptism: Ratoath Other
•	If "Other Church", please provide the complete Address and Name of Parish where baptism took place:
•	Child's Gender: Male Female
•	Child's Address:
•	Sponsor's Name:

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 Mother's/Guardian's Name: (You may be asked to provide evidence 	that at least one parent/guardian is Catholic):
Mother's/Guardian's Religion: □	Roman-Catholic Other
Father's/Guardian's Name:	
• Father's Religion: Roman-Catho	olic Other
Parent's/Guardian's Address:	/
Parent's/Guardian's telephone nur	mber:
Parent's/Guardian's Email address	5: /
• Declaration:	
used for the registration of my child's (on provided by me on this Request Form will be Confirmation and will be retained thereafter by the may be used in the future to contact me and/or atters.
	□ I understand and accept
Date of completion:	SIGNATURE(S):
/	/