



## MITCHELSTOWN PARISH

Parish Office, Convent Hill, Mitchelstown, Co Cork, P67 E303

Office Phone: 025 / 84062

Office Open Monday to Friday 9 a.m. to 12 p.m.

Office e-mail:

[mitchelstownparishofficechurch@gmail.com](mailto:mitchelstownparishofficechurch@gmail.com)

Wednesday, 3<sup>rd</sup> March 2021

### CONFIRMATION 2021

**Form must be completed in FULL. If the child is not receiving Confirmation please fill in his / her name and write across the form "Not receiving Confirmation".**

**Please note that:**

- i. **If your child was Baptised outside the Parish, a Baptismal Certificate is required.** This can be sourced in the Parish where your child was Baptised. Please acquire and supply it to this Parish as soon as possible.
- ii. **If your child was Baptised in the Parish, a Baptismal Certificate is not required** as it will be in Parish Records and can be confirmed by cross referencing.

### PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM.

Dear Parent(s) / Legal Guardian(s),

Due to COVID-19 Restrictions no date for Confirmation has been finalised.

Format of Confirmation will be the same as last year. As soon as a date is confirmed we will be in contact with you.

Please fill in and send completed form to Patricia Dwane, Parish Secretary, Mitchelstown Parish Office, Convent Hill, Mitchelstown, Co. Cork, P67 E303 or email to

[mitchelstownparishofficechurch@gmail.com](mailto:mitchelstownparishofficechurch@gmail.com) **by Tuesday, 9<sup>th</sup> March 2021.**

**Child's Christian Name:** \_\_\_\_\_

**Child's Surname:** \_\_\_\_\_

**Child's Address:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_

**Name & Address of Church where Baptism took place:**

\_\_\_\_\_  
\_\_\_\_\_

**N.B. Please supply e-mail address of the Church, if it is outside of Ireland (use BLOCK letters please)** \_\_\_\_\_

**PARISH PERSONNEL:**

V. Rev. Canon Michael Leamy P.P., V.F. Phone: 025-41765.

V. Rev. Fr. Pat O'Donoghue C.C. Phone: 025-84077.

Parish Secretary – Patricia Dwane: Phone: 025-84062. **Open 9am-12pm**

**Parish Website: [www.mitchelstownparish.ie](http://www.mitchelstownparish.ie).**

**Find us on Facebook: Mitchelstown Parish**

**Confirmation Name:** \_\_\_\_\_

*(If this is not known at present, please return the form and it can be filled in later)*

**Sponsor's Name:** \_\_\_\_\_

*(If this is not known at present, please return the form and it can be filled in later)*

**Name of School Attending at Present:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Father's Phone Number:**

\_\_\_\_\_

**Mother's Christian & Maiden Name:** \_\_\_\_\_

**Mother's Phone Number:** \_\_\_\_\_

**Legal Guardian's Name:** \_\_\_\_\_

**Legal Guardian's Phone Number:** \_\_\_\_\_

**Signed Parental Request and Data Protection Consent**

**The information contained in this form will be used in connection with your child's Confirmation and to register this Confirmation in the Parish. The form will be destroyed one year after your child's Confirmation. The copy of the Birth Certificate you submitted will be destroyed once the Confirmation is registered. The information entered in the Baptism and Confirmation Registers will be retained permanently.**

- i. I/We request the Sacrament of Confirmation for the above-named child in 2021.
- ii. I /We wish my/our child to be part of the parish preparation for the Sacrament of Confirmation in 2021.
- iii. I/We also agree to the information provided on this form being made available, subject to strict confidentiality, to members of the Parish Team for the purposes of preparing my/our child for the Sacrament of Confirmation.

Signed Parent(s) / Legal Guardian(s): \_\_\_\_\_

Date: \_\_\_\_\_

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