

**St Monica's Parish**  
**Diocese of Motherwell**

Sharp avenue, Coatbridge. ML5 5RP. Telephone: 01236421750

**Application for Enrolment to receive the Sacrament of Confirmation, 2021**

Child's Name \_\_\_\_\_ Middle \_\_\_\_\_ Surname \_\_\_\_\_

Their Date of Birth \_\_\_\_\_

Your Current Address (include flat number) \_\_\_\_\_

Mobile Telephone Number \_\_\_\_\_

Parents: Father \_\_\_\_\_

Mother: \_\_\_\_\_

Date of the Baptism of your child \_\_\_\_\_ Place (Church) of Baptism. \_\_\_\_\_

**Children who didn't make yet the First reconciliation and Frist Communion cannot receive the Sacrament of Confirmation.**

Date and Place of the **First Confession** of your child \_\_\_\_\_

Date and Place of the **First Communion** \_\_\_\_\_

**[Give both the date and the place]**

**Application**

*Dear bishop Joseph Toal,*

*I believe in the Holy Spirit. As a parishioner of ..... and a Primary 6/7 pupil in ..... Primary School, I am now asking to receive the sacrament of Confirmation in St Monica's Church on ..... In receiving the Sacrament of Confirmation with faith, I will be sealed with the gifts of the Holy Spirit. I will be made more like Jesus and come closer to him. I will be made more fully a member of this Church. And I will be given a special strength to witness to Jesus in my life.*

*I have chosen the name of ----- for my Confirmation name. I ask St..... to pray for me and to inspire me to be more like Jesus in my daily life.*

*I have chosen the of St..... because .....*

*Yours sincerely*  
(signed by pupil)

*As parents, we encourage our child to apply for the Sacrament of Confirmation. We will help to prepare our child for this Sacrament by coming to Mass in this Parish regularly and by working at home with the materials provided by the School.*

*(signed by parent/guardian)*