



**Parish of the Immaculate Conception
St Joseph's Place,
Devizes,
Wiltshire,
SN10 1DD
Telephone: 01380 723572
Fax: 01380 723377
E-mail: devizes@catholic.org
www.devizesrc.com**

January 2007.

TO OUR YOUNG PEOPLE IN YEAR 8 OR ABOVE.

It may have been some time since your First Communion and you may be asking yourselves what about Confirmation?

If it is your wish to receive the Sacrament of Confirmation then, I ask you to consider the following:

- *Do you realize that the gift of the Holy Spirit which you are to receive in Confirmation will be a spiritual sign and seal to make you more like Christ and more perfect members of his Church?*
- *Do you realize that you must be a witness before all the world to the suffering, death, and resurrection of Jesus and your way of life should at all times reflect the goodness of Christ?*
- *Are you ready and do you want to be an active member of the Church, alive in Jesus Christ?*
- *Do you want to live under the guidance of the Holy Spirit, give your lives completely in the service of all, as did Christ, who came not to be served but to serve?*

If the answer to most of the questions is "yes", perhaps you might like to join the Confirmation programme for 2007.

Bishop Declan Lang will be visiting our Parish on the evening of Thursday July 19th to administer the Sacrament of Confirmation.

If you wish to join the programme please detach and fill in the form on the opposite page and on the reverse side please write, in no more than fifty words, why you would like to receive the Sacrament of Confirmation.

With every blessing.

Raymond P. Baptiste MSFS

Information for Confirmation

Surname of Candidate _____

Christian Names _____

Date of Birth _____

Father's name _____ Religion _____

Mother's name _____ Religion _____

Maiden name _____

Address _____

Postcode _____ . Telephone _____

E-mail _____

Church of Baptism _____

Date of Baptism _____

Sponsor¹ _____

I give permission for my son/daughter to attend the Confirmation Preparation sessions. I give permission for my son's/daughter's photo to be taken and displayed at the back of the Church

Name of Candidate _____

Signature of Parent/Guardian _____

Please print name _____

Date _____

If your son/daughter has any allergies/medical condition that we ought to be made aware of please list overleaf.

Candidate's signature _____

¹ The Sponsor must be a committed and practicing Catholic. He or she must be sixteen years old and have received the Sacrament of Confirmation



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CONFIRMATION 2007

Friday	March 2 nd	6.30 pm	Meeting with Parents	Narthex
Saturday	March 3 rd	8.30am	Retreat return 5pm	Nymphsfield
Friday	March 16 th	6.30pm	Preparation Session 1	Narthex
Friday	March 30 th	6.30pm	Preparation Session 2	Narthex
Friday	April 20 th	6.30pm	Preparation Session 3	Narthex
Friday	May 4 th	6.30pm	Preparation Session 4	Narthex
Friday	May 18 th	6.30pm	Preparation Session 5	Narthex
Friday	June 8 th	6.30pm	Preparation Session 6	Narthex
Friday	June 22 nd	6.30pm	Preparation Session 7	Narthex
Friday	July 6 th	6.30pm	Parent's Meeting	Narthex
Saturday	July 7 th	8.30am	Retreat return 5pm	Nymphsfield
Friday	July 13 th	6.30pm	Preparation Session 8	Narthex
Wednesday	July 18 th	6.30pm	Practice	
Thursday	July 19th	7.30pm	Bishop Lang will administer the Sacrament	of Confirmation.