



**OUR LADY OF COMPASSION CATHOLIC
CHURCH**

The Presbytery, Castle Street,
Saffron Walden, Essex, CB10 1BP
Tel: 01799 527011

e-mail: saffronwalden@dioceseofbrentwood.org
personal e-mail: priest@olcsaffronwalden.org.uk

**APPLICATION FORM FOR INSTRUCTION IN FIRST CONFESSION AND
FIRST HOLY COMMUNION**

I wish to have my child (name).....
commence preparations and instructions for these Sacraments.

He / She will be 8 years old by August 2017. Date of Birth.....

I enclose a baptismal certificate or if baptised in the Parish, please provide the date
of the baptism

Which school does your child attend?

The family contact:

Name.....

Address.....

.....

.....

Phone no:

E-mail address:

Which Mass do you usually attend: Saturday 6pm, Sunday 8.30am 10.30am

For more information contact: Patricia Cobby

01799 501478

trish.cobby@gmail.com

**PLEASE RETURN THIS SLIP BEFORE THE AUTUMN TERM
NAMELY SEPTEMBER 25th 2016**