

**Church of Ireland**  
Castleknock and Mulhuddart with Clonsilla

**APPLICATION FOR CONFIRMATION**  
*This form should be completed and given to the Rector*

Family name: \_\_\_\_\_

Christian names: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of baptism: \_\_\_\_\_

Place of baptism: \_\_\_\_\_

Who baptised you? \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_