

# ST. MARY MAGDALEN CATHOLIC CHURCH, IPSWICH

468 Norwich Road, Ipswich, IP1 6JS, Tel. 01473 741975, parishpriest@marymagdalens.org

## First Holy Communion 2019-2020

- *The last date to return this form is **SUNDAY, 6<sup>TH</sup> OCTOBER 2019***
- *The first **PARENTS ONLY** meeting will be in the Guild Room on Sunday 13<sup>th</sup> October at 4.00pm*
- *Please make sure that your telephone and e-mail are written clearly for us to contact you.*
- ***Please attach a copy of the candidate's baptism certificate to this form.***

FULL NAME OF THE CANDIDATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ YEAR IN SCHOOL \_\_\_\_\_

NAME OF THE SCHOOL \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POST CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

DATE OF BAPTISM \_\_\_\_\_ CATHOLIC or NON CATHOLIC \_\_\_\_\_

POSTAL ADDRESS OF THE CHURCH OF BAPTISM \_\_\_\_\_

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By ticking this box  and signing below I agree to the Diocese of East Anglia using the information I have provided on this application solely for the purposes of processing this application and for any other sacramental matters which may arise in the future. I understand that this information will be held indefinitely by the Diocese of East Anglia in secure storage strictly in accordance with the provisions of the EU General Data Protection Regulations (GDPR) 2016/679, as to collection, handling, secure storage, use, retention and disposal of this data.

SIGNATURE..... DATE.....