Goulburn Mission Sacramental Program
Sacramental Record
Confirmation Commitment Certificate
Please hand in at the retreat

Please sign and hand in at Mass on the weekend of 22/23 August

I,_____(child's name)

Declare that with the help of my family, I am willing to prepare for the Sacrament of Confirmation.

I will participate in all activities to increase my knowledge and prepare me to receive the Sacrament.

_____Childs Signature

I promise to support my child (name), _____

In receiving the Sacrament of Confirmation Parents Signature_____

Date: _____