



FROM ASSOCIATE DEANERY MINISTER: THE REVEREND ROBERT COOPER

24 North Close, Thorpe Thewles, Stockton-on-Tees TS21 3JY

STOCKTON COUNTRY PARISHES

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ADMISSION OF CHILDREN TO HOLY COMMUNION

I/we would very much like my/our child to be prepared by the Church to receive Holy Communion.

I/we confirm that my/our child:

1. has been baptised (Please note that the Church is happy to make arrangements if your child has not yet been baptized, but would like to be. Please contact Robert Cooper by any of the means above.)
2. wishes to receive Holy Communion.
3. is willing to attend all preparation sessions involved.

NAME OF CHILD:

DATE OF BIRTH:

ADDRESS:

TEL:

EMAIL:

DATE OF BAPTISM:

PLACE OF BAPTISM:

SIGNATURE OF PARENTS:.....

DATE:

SCHOOL COMMUNION SERVICES

NAME OF CHILD/CHILDREN

.....

Please delete as appropriate:

I/we would like the child/children named above to be prepared by the Church to receive Holy Communion and I/we have completed the permission form (on the reverse of this form)

I/we would like the child/children named above to receive a blessing rather than Holy Communion

SIGNATURE OF PARENTS:.....

DATE: