



**OUR LADY OF COMPASSION CATHOLIC  
CHURCH**

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

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personal e-mail: [priest@olcsaffronwalden.org.uk](mailto: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 2012.

Date of Birth .....

I enclose a baptismal certificate or if baptised in this Parish  
The date of the baptism .....

Which school does your child attend? .....

The family contact:

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 (07971 170821)  
[Trish.cobby@googlemail.com](mailto:Trish.cobby@googlemail.com)

**PLEASE RETURN THIS SLIP BEFORE THE AUTUMN TERM  
NAMELY SEPTEMBER 18<sup>th</sup> 2011**