Parafia Rzymsko-Katolicka p.w. N.M.P Królowej Polski w Brzegu Dolnym

Nr \_\_\_\_\_\_\_\_\_\_\_

**SAKRAMENT BIERZMOWANIA – KARTA KANDYDATA**

**Nazwisko:**

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**Imiona:**

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**Data urodzenia:**

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| **D** | **D** | **M** | **M** | **R** | **R** | **R** | **R** |

**Data Chrztu św.:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **D** | **D** | **M** | **M** | **R** | **R** | **R** | **R** |

**Parafia Chrztu św.:**

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**Kościół p.w.**

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**Numer aktu chrztu:**

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**Imię i Nazwisko świadka bierzmowania:**

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**Dlaczego chcę przyjąć Sakrament Bierzmowania?**

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Do niniejszej karty należy dołączyć **skrócony odpis aktu chrztu świętego** z datą wystawienie nie późniejszą niż 3 miesiące wstecz, a także odręcznie napisane podanie o udzielenie sakramentu Bierzmowania wg wzoru**.**

**IMIĘ PATRONA BIERZMOWANIA I JEGO ŻYCIORYS**

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