

Confirmation Registration Form

Candidate Information

Name: _____
First Middle Last

Nickname (i.e. Mike for Michael): _____

Address: _____
Street City/Zip

Phone: _____ Date of Birth: _____

Sacramental Information

Baptism

Parish of Baptism: _____

Address: _____
Street City/State/Zip

Date of Baptism: _____

Eucharist

Parish of First Eucharist: _____

Address: _____
Street City/State/Zip

Date of First Eucharist: _____

A baptismal certificate must be turned in to our office if the candidate was not baptized at St. Michael the Archangel Parish, unless the candidate celebrated first communion here.

Camp Information

Weekend Attending: March 29-31, 2019 October 11-13, 2019

Dietary Needs: _____

Other Notes for Counselor: _____

Request (Name one person with whom you would like to share a cabin –we will try our best to make this happen)

Confirmation Fee - \$115.00 (Due with Form)
Make checks out to "St. Michael the Archangel Parish"

Parent Information

Father's Information

Name: _____
First Middle Last

Cell Phone: _____ Email: _____

Religion (if non-Catholic): _____

Mother's Information

Name: _____
First Middle Last/Maiden

Cell Phone: _____ Email: _____

Religion (if non-Catholic): _____

Marital Status

Married Divorced Other _____

If divorced, custodial parent: _____

If remarried, step-parent: _____

In case of an emergency and a parent cannot be reached, please notify:

Name: _____ Phone: _____

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Please fill in all parts of the form. The requested information is needed for the parish records and for registering for this sacrament and must be complete and accurate. If an email address is changed during the year, please give us the new address.

For Office Use Only

Confirmation Name: _____

Sponsor's Name: _____

Is Baptismal Certificate Required: No Yes (Date turned in: _____)

Date Fee Paid: _____ SMS Discipleship Home Schooled