

Confirmation Registration

Please read this form carefully and fill out all sections

Candidate's Full Name

First _____ Middle Initial _____ Last _____

<u>Contact Information:</u>	<u>Required Sacramental Information:</u>
Street _____ City _____ State: _____ Zip Code: _____ E-Mail Address: _____ (Yes/No) Do you want letters E-Mailed? ____ US Post? ____ Home Phone: (____) _____ Parent Work Phone:(____) _____ Current Grade 8 th 9 th Other ____	Date of Birth: _____ City/State of Birth: _____ / _____ Baptismal Date : _____ Baptismal Church: _____ Baptismal City/State _____ / _____ Father's Name: _____ Mother's Maiden Name: _____ *If NOT Baptized at St. Christopher's, please attach copy of Baptismal Certificate

Confirm. Name* _____ Sponsor Name* _____

***Required before classes begin**

Service Projects (current school yr)	Description	Date
1)		
2)		
3)		

I am currently registered as a student in St. Christopher's Religious Education program or have been approved by the Religious Education office to enter the program. I wish to become a candidate for Sacrament of Confirmation to be administered in the spring of 2005. I will dedicate the time necessary and will participate in the preparation program to the best of my abilities.

Candidates Signature _____

Parent/Guardian Signature _____

Please return to the Religious Education Office by **January 15, 2006.**