

**HOLY SPIRIT CATHOLIC CHURCH
CONFIRMATION REGISTRATION
FOR THE YEAR 2018-2019**

For office use only:

Volume _____

Page/Entry _____

Circle One: 1st Year 2nd Year

**It is very important that the information provided is accurate and complete.
Please print legibly. Please attach a *COPY** of the child's Baptismal Certificate,
*UNLESS the child was baptized at Holy Spirit.**

CANDIDATE'S Full Name _____

First Middle Last (Nickname, if used regularly)

Address _____ **City** _____ **Zip** _____

Name of Candidate's school _____ **Grade** _____ **Age** _____

Candidate's birth date ____/____/____ **Candidates Cell Phone** _____

Mother's name & maiden name _____

Faith Tradition _____ **Home Phone** _____

Cell phone _____ **Work Phone** _____

Do you text? Yes___ No___ **Is it alright to call for other than emergency? Yes___ No___**

Preferred Email Address _____

Postal Address *(if different from candidate) _____

Father's name _____

Faith Tradition _____ **Home Phone** _____

Cell phone _____ **Work Phone** _____

Do you text? Yes___ No___ **Is it alright to call for other than emergency? Yes___ No___**

Preferred Email Address _____

Postal Address *(if different from candidate) _____

Please give the family name if different from Candidate _____

Years of formal religious education programs) _____
(Catholic schools and/or parish religious formation)

Has First Eucharist been celebrated? Yes___ No___ **First Reconciliation? Yes___ No___**

Is your family registered in our parish? Yes___ No___

- If no, you must register with the Parish, you may pick a registration packet at the church office

- Place of Baptism (Name of Church / Parish, City and State)

- **IMPORTANT**-You **MUST** provide a *COPY* of your candidates Baptismal Certificate if your child was not baptized at Holy Spirit.
 - If you do not have a copy, please call the church where your child was baptized to request a copy. We do not keep Baptismal Certificates on file from First Communion, so you **MUST** submit another copy.
- Other information that you can think would be of value to us?
 - ie. Relevant Details of Divorce Decree etc. (All information will be treated with confidentiality.)

Please check those areas in which you can help:

___ Adult Confirmation Support Team (meets once a month or as needed)

___ Providing snacks

___ Chaperone for Trips or Events ___ Catechists Aid

- Safe Environment trained? Yes ___ No ___
 - (If no, please contact Trenton Ackerman in the office)
- Background check? Yes ___ No ___
 - (If no, please contact Trenton Ackerman in the office)

Preferred Night for Confirmation Course: 8 sessions- September- May

Please check one - Sunday _____ or Wednesday _____

IMPORTANT- We are requesting \$25 for each child to help cover the cost of supplies for our Confirmation course. Please make checks payable to Holy Spirit.

MARK YOUR CALENDARS!

IMPORTANT DATES-ATTENDANCE IS REQUIRED

Confirmation Retreat- August 16-18, 2019

Confirmation Mass- Sunday, August 25, 2019 at the 11:30 Mass

For office use only:

| | |
|---|------------------------------------|
| ___ Form A | Amount Paid _____ |
| ___ Code of Conduct | Cash/Check # _____ |
| ___ Safe Environment Training Permission Form | Received by (please initial) _____ |