



Candidate Information Form

Confirmation Program

Youth Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Student Email Address: _____

Student phone number (cell): _____

Allergies (if none, state so): _____

School Attending: _____ Grade (circle one): 9th 10th

Date of Birth: ____/____/____ (Month/Day/Year of Birth) Sex (circle one) M or F

Sacramental Information: Student has received (please check all that apply):

Baptism Reconciliation Eucharist

Date of Baptism (month/year): _____ Parish of Baptism: _____

Parish address: _____

Parent Information

Family parish (where registered) _____

Father's Name: _____ Cell #: _____

Father's Email Address: _____ Work #: _____

Mother's Name: _____ Cell #: _____

Mother's Email Address: _____ Work #: _____

[Maiden Name]

Primary Residence is with: (check one) Father Mother Both Both but in separate houses

If there is someone else who should be receiving informational emails and/or calls, please list here:

Name: _____

Email Address: _____ Cell #: _____

I give permission for photos of my child participating in youth events to be posted on the Church website and social media.

YES NO

I give permission to contact via text/email my youth for upcoming STP Youth Events and Reminders YES NO

Confirmation Fee: \$75.00 (covers materials and snacks)

Cash _____ Check _____ [# _____]

Completed by Confirmation Instructor:

Saint Name: _____

Age at Confirmation: _____

Office Use Only

_____ Baptismal Certificate Rec'd
_____ Register Book
_____ Notification



Confirmation Sponsor Information Form

Confirmation Student Name: _____

Sponsor First Name: _____ Sponsor Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number (cell): _____ Home Phone: _____

Relationship to Confirmation Candidate: _____

Sacramental Information: Sponsor has received (please check all that apply):

- Baptism
- Reconciliation
- Eucharist
- Marriage

Please be sure your sponsor is aware of the meeting on March 29th, 2020 @ 8:45 a.m. —11:30 a.m.



CONFIRMATION SPONSOR ELIGIBILITY CERTIFICATE

Name of person to be sponsored: _____

Please carefully read and initial every statement and sign where indicated.

I hereby affirm that as the Confirmation Sponsor of the above named Confirmation Candidate:

_____ I sincerely believe in our Lord Jesus Christ and strive to put into practice the Word of God as taught by the Catholic Church by:

Regularly taking part in the Mass on Sundays and Holy days of Obligation; receiving the Holy Eucharist regularly; making use of the Sacrament of Confession regularly and participation in Church activities.

_____ I am married

Married according to the law of the Catholic Church

OR

_____ I am not married:

If single, I am not in an intimate relationship with anyone

_____ I attest that I have received in the Catholic Church the sacraments of (indicate by marking the appropriate boxes):

- Baptism
- Holy Communion
- Confirmation
- Marriage

_____ I am at least 16 years old and of mature knowledge of the Catholic Faith.

_____ I understand that being chosen as a Confirmation Sponsor is a lifetime commitment to live and witness the Catholic way of life and to teach it to my confirmand to the best of my ability.

The above is dictated by Canon Law and cannot be changed or waived by the pastor/priest.

Confirmation Sponsor Signature _____

CONFIRMATION SPONSOR CONTACT INFORMATION

Name (first and last) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone (Cell) _____ Phone (Home) _____

Email _____

Relationship to Confirmation Candidate (Parents are not eligible) _____

SACRAMENTAL HISTORY

Church of Confirmation _____ Date Confirmed _____

City and State _____

If married, Church of Marriage _____ Date of Marriage _____

City and State _____

Church where currently registered _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Pastor's Signature (Required) _____ Date _____