



# St. Patrick's Youth Ministry

CONFIRMATION PROCESS

DUE: OCTOBER 15,

REGISTRATION FORM 2008-2009

FEE: \$40 Payable to

St. Patrick's Church

Candidates Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School/Grade: \_\_\_\_\_

Email: \_\_\_\_\_ H Phone: \_\_\_\_\_ C Phone: \_\_\_\_\_

## FAMILY INFORMATION

Mother/Guardian's Name: \_\_\_\_\_ H Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ W Phone: \_\_\_\_\_

C Phone: \_\_\_\_\_

E Mail: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ H Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ W Phone: \_\_\_\_\_

C Phone: \_\_\_\_\_

E Mail: \_\_\_\_\_

## SACRAMENTAL INFORMATION

1. Catholic Baptism? Y/N If not, what denomination. We need a copy of the Baptismal certificate.
2. Baptized at St. Patrick's? Yes. Date: \_\_\_\_\_ We need a copy of the Baptismal Certificate.
3. Not Baptized at St. Patrick's? Attach a copy of the Baptismal Certificate or turn it into your Confirmation Coordinator as soon as possible.
4. Has the Candidate taken 1<sup>st</sup> Eucharist? Y/N

## HEALTH, MEDICAL AND SPECIAL NEEDS INFORMATION

Information listed below remains confidential and will serve to assist the coordinator and team in managing group dynamics. If there is any other information that would be helpful for us to know, please list below or on the back of this form.