



St. Patrick's Youth Ministry

CONFIRMATION PROCESS
REGISTRATION FORM

DUE: OCTOBER 15
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: _____ HPhone: _____

Mailing Address: _____ WPhone: _____

E-Mail: _____ C Phone: _____

Father/Guardian's Name: _____ HPhone: _____

Mailing Address: _____ WPhone: _____

E-Mail: _____ C Phone: _____

SACRAMENTAL INFORMATION

We do need a copy of your Baptism Certificate. Please attach it this form or give it to your Confirmation Coordinator as soon as possible.

1. Catholic Baptism? _____ If not, what denomination? _____

2. Baptized at St. Patrick's? _____ 3. Not Baptized at St. Patrick's? _____

Date: _____

4. Has the Candidate received First Eucharist? _____

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.