**APPLICATION FOR THE SACRAMENT OF CONFIRMATION**

**Candidate Information**

Candidate’s Full Baptismal Name:

Last First Middle

Candidate’s Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Current School Attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate’s Baptism’s Date and Church: \_\_\_\_\_\_ **Attach copy of the baptism** CHURCH City, State DATE

Candidate’s Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Candidate’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Information**  What parish are you members of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Full Name: \_\_\_\_\_\_ Religion:

First Middle Last

Mother’s Full Name including Maiden Name:

\_\_\_\_\_\_ Religion:

First Middle Maiden Last

**Contact Information:**

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mom/Dad Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best way to get info to you? : Email, Call, Text

(Circle one)

Address:

Street PO Box (Apt #) Mom or Dad Work email

City State Zip Family Email

**Needed Information**

* **A copy of your baptismal certificate needs to be returned with this application.**

**Faithful attendance at Sunday Liturgy is a prerequisite for Confirmation**. Students who choose to begin formal study and preparation for the Sacrament of Confirmation should already be meeting certain requirements of the Catholic faith. Those who are willing to practice the Corporal and Spiritual Works of Mercy and also the Precepts of the Catholic Church, which include faithful Mass attendance on Sundays and Holy days of Obligation throughout the year including summer vacation, are asked to sign below. Candidate and parent signatures below signify that the reverse side of this application has been read and that Candidates agree to this practice.

**Candidate Signature:**

**Parent Signature(s): \_\_\_\_**

More Info on reverse side

Current Fees

Confirmation program…………………………………………………….$150.00

Classes will be held Sunday nights from 6:00 PM - 7:30 PM

**All candidates are strongly encouraged to come to 5 PM Mass on confirmation class dates.**

**All Candidates are obligated to make the confirmation retreat.**

**Candidates will be asked to hand in their cell phones at the beginning of each class. They will get them back at the end of class.**

Please list any Special Needs: (ADD, ADHD, physical restriction, allergies, medications)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact Eric Antrim (Director of Youth Ministry) with any questions.

[antrime@archmil.org](mailto:antrime@archmil.org)

262-554-1801 Ext. 205

Cell # 262-498-9028

**Please hand into Church office no later than**

**Sep. 10th 2020**