

Holy Name of Jesus Catholic Church

Application Fee \$150.00

2019-2020 Confirmation Application
(Deadline – 9/4/2019)

Please make checks payable to:
Holy Name of Jesus Catholic Church

Do you want to attend classes in:
_____ English or _____ Spanish

Cash Check Amount \$ _____ Check # _____

Information on the Candidate/Child:

Name: _____

Complete Address: _____

Date of Birth: _____ Candidate's/Child's Cell Phone: _____

Candidate's/Child's e-mail address: _____

Best way to contact Candidate/Child: E-Mail Text Call

School: _____ Grade: _____

Confirmation Preparation: How have you prepared to receive the Sacrament of Confirmation? (Please check one)

- I was not enrolled in a Year One Confirmation Program (STOP! – If you checked this option, please speak with Youth Minister before completing the rest of this form.)
- I completed my first year at Holy Name of Jesus Church
- I completed my first year at another Catholic Church – Name: _____

At what church did you receive the **Sacrament of Baptism**? Please provide the complete name and address. **If the Office of Youth Ministry does not have a copy of your Baptism certificate, one must be provided. If you were baptized at Holy Name of Jesus, we do not need a copy.**

Name of Church: _____

Address of Church: _____

Date of Baptism: _____

At what church did you receive the Sacrament of First Communion and First Reconciliation? Name of Church, City and State and date received: _____

Information on Parent/Guardian:

Father's FULL Name: _____

Address **if different from candidate/child:** _____

Home Phone #: _____ Cell Phone #: _____

Father's e-mail address: _____

Mother's FULL Name: _____

Address **if different from candidate/child:** _____

Home Phone #: _____ Cell Phone #: _____

Mother's e-mail address: _____

Best person to contact Father Mother. Best way to contact parent of choice: E-Mail Text Call

Are you registered at Holy Name of Jesus Church?

- Yes. If Yes, Envelope # _____
- No. If No, please complete a registration form and attach it to this form.)

In Case of Emergency, and either party above cannot be reached, please contact:

FULL Name: _____ Relationship: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Medical History:

Is the Candidate taking any medication that needs to be given during class? If yes, what medication and when is it to be given?

Does the candidate have any medical conditions or allergies we need to be aware of?

Photograph and/or Video Consent and Release:

By Signing below, I hereby grant Holy Name of Jesus the right to photograph and/or videotape the Candidate and further use his/her name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without any reservation, limitation or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of Candidate's name, face, likeness, voice and appearance.

Signature of Parent/Guardian: _____

Date: _____

By signing this form I commit to:

- Deepening my relationship with God and the Church by fully participating in the preparation set forth by Holy Name of Jesus Youth Ministry, including the retreat provided by Holy Name of Jesus Church;
- Attending small groups, classes and youth group as detailed in this year's calendar
- Attending Mass on weekends
- Taking the next step in my faith, through active participation in ministries and community service
- Completing a final reflection letter to the Bishop

I fully understand the guidelines and procedures set forth by Holy Name of Jesus' Youth Ministry. I also understand that not fulfilling these commitments may delay the date on which I am confirmed.

Signature of Candidate/Child _____ Date: _____

As a parent, I fully understand the guidelines and procedures set forth by Holy Name of Jesus' Youth Ministry. I also understand that if my child does not fulfill each commitment, the date on which he or she is confirmed may be delayed.

Signature of Parent _____ Date: _____

Please note there are additional documents that need to be submitted with this form by **9/4/2019** in order for your application for Confirmation to be considered complete.

- 1) Sponsor Form
- 2) Confirmation Name – I would like my Confirmation Saint Name to be: _____

For further information, please visit our Confirmation website at <http://www.myhnpj.org/confirmation> or call the office.