

Holy Name of Jesus Catholic Church

Application Fee \$125.00

2018-2019 Confirmation Application  
(Deadline – 9/4/2018)

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: \_\_\_\_\_

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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 **9/4/2018** 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.myhunj.org/confirmation> or call the office and speak with the Gina-Marie Loree.