

**ST. MICHAEL CATHOLIC CHURCH
CONFIRMATION REGISTRATION
2014 – 2015**

CANDIDATE INFORMATION:

Candidate Name: _____
(First) (Middle) (Last)

Date of Birth _____ Age: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Student Cell #: _____ Text: Yes No

Student email: _____

School Currently Attending: _____ Grade Level: _____

Did student attend a Catholic School or a CCD program in the 2013-2014 school year? If so, please name the school or church: _____

Candidate lives with: Both Parents: _____ Mother: _____ Father: _____

If Candidate does not live with parents:

Guardian _____ Guardian Cell #: _____ Text: Yes No
(Name of Guardian)

Guardian email: _____

SACRAMENTAL INFORMATION:

Church of Baptism: _____ Date: _____

City: _____ State: _____ Zip Code _____

Church of First Communion: _____ Date: _____

City: _____ State: _____ Zip Code _____

PARENT INFORMATION:

Father's Name: _____
(First) (Middle) (Last)

Mother's Name: _____
(First) (Middle) (Maiden) (Married)

Dad Cell #: _____ Text: Yes No Dad email: _____

Mom Cell #: _____ Text: Yes No Mom email: _____

Please return this form, the \$75.00 fee along with copies of the Candidate's Baptism and First Communion Certificates to Eva Cormier at the St. Michael Church Parish Office. All forms must be turned in by Tuesday, September 2, 2014 at 4:00 pm.

For office use only: Certificate attached _____ Fee paid _____ Check # or cash _____
Registered Family Yes _____ No _____