

Holy Infant Catholic Church Faith Development Preparation for Confirmation

Office Use Only		
(LD)	<input type="checkbox"/> ACS	<input type="checkbox"/> certificate
(SV)	<input type="checkbox"/> Bulletin	____/____/____
(SV)	<input type="checkbox"/> Record #	_____
(CP)	<input type="checkbox"/> file Date	____/____/____

Candidate's name: Print name as you want it to appear on the Sacrament Certificate

_____ **Child's Age:** _____
(First) (Middle) (last)

Date of Birth: ____/____/____ City and State of Birth: _____

Address: _____

Father's name: _____
(First) (Middle) (last)

Mother's (Maiden) name: _____
(First) (Middle) (last)

<u>Sacraments Celebrated</u>	<u>Date</u>	<u>Name of Church, City and State</u>
<input type="checkbox"/> Baptism*	____/____/____	_____
<input type="checkbox"/> Reconciliation	____/____/____	_____
<input type="checkbox"/> Eucharist	____/____/____	_____

Current grade level: _____ Name of school currently attending: _____

Email address of youth: _____

Number of years participating in Faith Formation _____

Was youth involved in Faith Formation or Youth Ministry program last year: Yes No

Name of parish and/or school: _____

The preparation process for the sacrament of confirmation involves:

- regular attendance at Sunday (Saturday) Liturgy
- Celebration of the Sacrament of Reconciliation
- participation in parish Faith First Events and TYM Sessions
- participation in parish Confirmation Preparation Meetings
- participation in Confirmation Retreat
- regular contact between candidate and sponsor

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- Faith Formation Registration Received Confirmation Retreat Form and Fee
 Sponsor Parish Approval Baptism Certification

Date of Confirmation ____/____/____ City/State/Zip: _____ Celebrant: _____

