

CONFIRMATION APPLICATION

Due: March 14, 2010

Candidate's Name: _____
First Middle Last

Address: _____
Street or P.O. Box

City _____ State Zip

Date of Birth: _____ Age: _____ (at time of Confirmation 11/6/2010)

School: _____ Grade: _____

Phone #s: _____
Parent Home Cell Work

Student Cell

Email: _____
Parent Student

Church of Baptism: _____

City: _____ State: _____

EXACT Date of Baptism: _____

Church of First Eucharist: _____ Approx. Date _____

Father's Name: _____

Mother's Name: _____ Maiden Name: _____

Confirmation Name _____

(Baptismal name is preferred, however the taking of another name is acceptable, but it MUST BE THE NAME OF A SAINT. Please write in name above or if baptismal name will be taken, write "Baptismal".

_____ Copy of Baptismal Certificate is attached *If your teen was baptized at or celebrated his/her first Eucharist at Our Lady of Sorrows you do not need to submit the Baptismal Certificate .only the dates as indicated above.*

_____ Confirmation Fee Attached (\$100.00)_____ I will pay before October 1, 2010

Having supported my son/daughter in his/her religious development and pledging to do so throughout his/her adolescence in High School, I am requesting that my son/daughter enter the Confirmation Program and proceed to the decision to receive the sacrament of Confirmation.

Signature of Parent/Legal Guardian _____ Date: _____