



ST. ELIZABETH ANN SETON PARISH Confirmation Candidate Registration Form

240 South 6th St | Richmond | IN-47374

Candidate's Name: _____ Confirmation Name: _____

Parent/Guardian's Name: _____

Home Address: _____

City: _____ STATE: _____ ZIP: _____

Registered Parishioner of SETON

Student at SETON Schools

Parent Cell Phone: _____ Student's: _____

Parent/Guardian Email: _____
[Please print clearly]

Student's Email: _____
[Please print clearly]

Grade: _____ List Name of High School: _____

Name of Sponsor: _____ Parish: _____

Relationship to Sponsor: _____

Check which parish you were formerly registered for locating your sacramental records:

Holy Family

St. Mary's

St. Andrews

Location (Church) and Date of Baptism: _____

Proof of Baptism: It is needed before registration can be completed. The office needs this information faxed or emailed by October 1st in order to remain in the program.

Registration Fee: \$25: This fee helps to subsidize the cost of the program. Please send your payment to the Richmond Catholic Office made out to St Elizabeth Ann Seton Parish.

I would like to be confirmed at St. Elizabeth Ann Seton Parish, but I am attending Confirmation classes at: _____
[Name of parish & Location]

I assure that I will attend all classes without fail: _____ | _____
Signature of student Date