

Holy Infant Catholic Church Faith Development Preparation for Confirmation

Office Use Only	
(LW) <input type="checkbox"/> ACS	<input type="checkbox"/> certificate
(SV) <input type="checkbox"/> Bulletin	____/____/____
(SV) <input type="checkbox"/> Record #	_____
(LW) <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 (if not Holy Infant): _____

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 Sessions
- Participation in Confirmation II 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: _____

