



# ST. BRENDAN CATHOLIC CHURCH

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## Confirmation Program

Please review the information that follows and return all materials and fees to the Parish Office.

### **Candidate Information**

Legal Name:

Date of Birth:

Nickname (if any) by which you like to be addressed:

Home Address

City:

State:

ZIP:

Home Phone

Candidate's Cell Phone:

Candidate's E-Mail:

High School:

Graduation Year:

### **Family Information**

Father:

Father's Cell Phone:

Father's E-Mail:

Mother:

Mother's Cell Phone:

Mother's E-Mail:

Mother's Work Phone:

Primary Contact:

Parents' Marital Status:

Custodial Parent (if parents are not married):

Home Address of non-custodial parent:

Home Phone of non-custodial parent

**(For NEW FIRST YEAR CANDIDATES) Sacrament Information for Candidate**

Church where you were Baptized \_\_\_\_\_ Date \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Church where you received First Communion \_\_\_\_\_ Date \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

**ST. BRENDAN CONFIRMATION - Emergency Contact/Medical Release Form**

(Please print information)

Youth's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone (\_\_\_\_\_) \_\_\_\_\_

Important Medical Information (allergies, chronic illnesses, other conditions, medications being taken, etc.)

\_\_\_\_\_

As parents/guardians of the above named youth, we give our son/daughter permission to participate in the Confirmation preparation process at St. Brendan Church from September 2021 through May 2022. We understand that neither St. Brendan Church nor any of its agents are responsible for any injury sustained by our son/daughter. We accept responsibility for any medical expenses as a result of any such injury sustained. In the event of a medical emergency, we, as parents/guardians authorize the treatment of our son/daughter by a medical professional when the delay of such treatment may endanger our son/daughter's life, cause disfigurement, physical impairment or undue discomfort. Important medical information regarding our son/daughter has been listed above to assist medical professionals in determining the appropriate treatment. This authority is granted only after a reasonable effort has been made to reach us. This release is intended for events occurring at St. Brendan Church as part of the Confirmation Process from September 2021 through May 2022. This release form is completed and signed with the sole purpose of authorizing medical treatment under emergency circumstances in our absence.

Father/ Guardian Signature \_\_\_\_\_

Father/Guardian (print) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_

Mother/Guardian (print) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

If parents/guardians cannot be reached in an emergency, please contact the adult named below. Our son/daughter may be released to him/her.

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_