

Holy Infant Catholic Church Faith Development Preparation for Confirmation

Office Use Only	
(AS)	<input type="checkbox"/> ACS <input type="checkbox"/> certificate
(SP)	<input type="checkbox"/> Bulletin ____ / ____ / ____
(KM)	<input type="checkbox"/> Record # _____
(AS)	<input type="checkbox"/> file Date ____ / ____ / ____

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

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

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

Address: _____

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

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

Sacraments Celebrated

Date

Name of Church, City and State

☐ Baptism*

____ / ____ / ____

☐ Reconciliation

____ / ____ / ____

☐ 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 of Sunday (Saturday) Liturgy
- Celebration of the Sacrament of Reconciliation
- participation TYM Sessions
- participation in Confirmation Preparation Meetings
- participation in Confirmation Retreat
- regular contact between candidate and sponsor

For Office Use Only

☐ Faith Formation Registration Received

☐ Confirmation Retreat Form and Fee

☐ Sponsor Parish Approval

☐ Baptism Certification

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

