



St. Brendan Catholic Church

CONFIRMATION CANDIDATE REGISTRATION FORM

NOTE: Candidate must be at least 13 years old by Confirmation Mass in May.

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|---|-------------|-------------|--------|
| CANDIDATE'S NAME (FIRST, MIDDLE, LAST): | | BIRTHDATE: | GRADE: |
| HOME ADDRESS: | | CITY: | ZIP: |
| EMAIL ADDRESS | CELL PHONE: | HOME PHONE: | |

| | | | | |
|--------------------------------------|-------------|------------------------|------------------------------|-----------------------------|
| MOTHER'S NAME (FIRST, MAIDEN, LAST): | | CATHOLIC | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| MOTHER'S EMAIL ADDRESS: | CELL PHONE: | REGISTERED PARISHIONER | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| FATHER'S NAME (FIRST, LAST): | | CATHOLIC | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| FATHER'S EMAIL ADDRESS: | CELL PHONE: | REGISTERED PARISHIONER | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

SACRAMENTS RECEIVED

NOTE: Please submit a COPY of the Baptismal and First Eucharist certificates with this form if the sacraments occurred at a parish other than St. Brendan.

| | | | |
|---|-------|---------|-------|
| <input type="checkbox"/> SACRAMENT OF BAPTISM | DATE: | PARISH: | CITY: |
| <input type="checkbox"/> SACRAMENT OF FIRST EUCHARIST | DATE: | PARISH: | CITY: |

WHY DO YOU WISH TO BE CONFIRMED THIS YEAR? (FOR THE TEEN IN QUESTION)

PARISH SPONSOR

SPONSOR'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (_____) _____ EMAIL ADDRESS: _____@_____

SPONSOR'S PARISH: _____ CITY: _____

VERIFICATION FORM: _____

SACRAMENT(S) RECEIVED:

SACRAMENT OF CONFIRMATION – DATE: _____ PRESIDER: _____

| | | | |
|-----------------|------------------------------------|--|---|
| For OFFICE USE: | <input type="checkbox"/> PDS Entry | <input type="checkbox"/> Sacramental Records | <input type="checkbox"/> Certificate Issued |
|-----------------|------------------------------------|--|---|