



ST. REGIS PARISH - SACRAMENT OF CONFIRMATION REGISTRATION 2017-2018

PLEASE PRINT CLEARLY

CANDIDATE'S FULL NAME	LAST	FIRST	MIDDLE
DATE OF BIRTH	MONTH	DAY	YEAR
DATE BAPTIZED	MONTH DAY YEAR	WHERE?	
DATE RECEIVED 1ST COMMUNION	MONTH DAY YEAR	WHERE?	

IMPORTANT: If candidate received 1ST COMMUNION or was BAPTIZED at another Church, please provide copy of Certificates. Thank you.

HOME ADDRESS:	
EMAIL OF PARENT	

SCHOOL CANDIDATE ATTENDS: _____ **GRADE:** _____

MEDICAL INFORMATION AND /OR ALLERGIES: _____

CANDIDATE LIVES WITH (circle one): BOTH MOTHER FATHER OTHER (PLEASE SPECIFY): _____

MOTHER'S NAME: _____
LAST
FIRST
MIDDLE

IF MARRIED, MOTHER'S MAIDEN NAME: _____

FATHER'S NAME: _____
LAST
FIRST
MIDDLE

HOME PHONE: (_____) _____ **WORK PHONE (Mom/Dad):** (_____) _____

CELL PHONE (Mom/Dad): (_____) _____ **EMERGENCY (PLEASE EXPLAIN):** (_____) _____

WAIVER: From time to time, photos are taken of the class for publication, education promotional purposes and media coverage. Your permission is required to include your child in the photo(s). Please sign below giving permission of such to the St. Regis Parish Church and the Religious Education Program. Please do not sign if you do not give permission. Thank you.

Parent/Guardian signature: _____ Print name: _____

Candidate's signature

Parent/Guardian's signature

Date

The responsibility for preparation of candidates is that of their parents/guardians. Please attend Mass regularly with your child. The Clergy and Lay Instructor help with this important Sacrament.

By signing this registration form, you acknowledge that if all work is not done in a timely fashion, the above listed candidate may not be eligible to receive the Sacrament of Confirmation.