



Confirmation Registration Form

(Return to Church Office by August 14)

Updated 5/15/2017

Teen's Full Name: _____ Grade _____ (If registering a 2nd child use back)

Address: _____
City St Zip

Parent/ Guardian Phone: (Home) (____) _____ (Cell) (____) _____

Parent/ Guardian Email: _____

Date of Birth ____/____/____ Place of Birth: _____
City St

Did your child complete a middle school Religious Education program? Yes No
Where? _____

Baptism Date: ____/____/____

Church: _____

Address: _____
City St Zip

Family Name as Registered in Parish (if different): _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Maiden Name: _____ Religion: _____

IF NOT BAPTIZED AT HOLYANGELS, A NEWLY ISSUED BAPTISMAL CERTIFICATE FROM THE PARISH OF BAPTISM MUST ACCOMPANY THIS FORM. (Contact Parish of Baptism to receive a new certificate)

Fee Schedule: \$135.00 upon fall registration Aug. 14th 2016 (\$135.00 Total Cost for Both Years)

Make checks payable to **HOLY ANGELS**

Credit Card # _____ Exp. Date ____ / ____

Security Code: _____ Signature: _____

If these expectations are not fulfilled, a process of mutual discernment will take place between the Director of Confirmation, the candidate, parents, and the catechists to decide whether a candidate should continue with the process or delay their reception of the sacrament. We expect a serious commitment from all involved, especially from the candidate. Candidates must demonstrate a desire to participate in this preparation process.

(Parent/ Guardian) I _____ have read the requirements of my teen to be confirmed at the Church of the Holy Angels. I hereby affirm that I will aid my teen in their efforts to be confirmed at the end of this two year confirmation process.

(Teen) I _____ have read the requirements to be confirmed at the Church of the Holy Angels. I hereby affirm that I will commit myself to be invested in the confirmation process.

Parent/ Guardian Signature: _____ Date: _____

Teen Signature: _____ Date: _____

For Office Use Only: Fees Due \$ _____ Amt. Paid _____ Cash _____ Check # _____ CC # _____

____/____/____ Date Rec'd

Baptism at HA Verified ____/____/____

____/____/____ Filed PDS

Sacr. Record Page # _____

Confirmation Registration for 2nd Child in Family (If Twins, etc.)

Teen's Full Name: _____ Grade _____

Address: _____

City

St

Zip

Parent/ Guardian Phone: (Home) (____) _____ (Cell) (____) _____

Parent/ Guardian Email: _____

Date of Birth ____/____/____ Place of Birth: _____

City

St

Did your child complete a middle school Religious Education program? Yes No

Where? _____

Baptism Date: ____/____/____

Church: _____

Address: _____

City

St

Zip

Family Name as Registered in Parish (if different): _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Maiden Name: _____ Religion: _____

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