ST. MICHAEL CATHOLIC CHURCH SACRAMENT OF CONFIRMATION APPLICATION

(FOR 2025-2026 SACRAMENTAL PREPARATION PROGRAM)

(PLEASE RETURN COMPLETED FORM BY: <u>JANUARY 1, 2026</u>)

PLEASE PRINT CLEARLY:

Name o	of Child (Candidate):				
	Date of Birth:					
	Place (city, state and					
	al Home Address: _					
City:						
	g Address:					
Phone Numbers: Work or Cell						
Father's Name:					Religion:	
Mother's (Maiden) Name:				Religion:		
Date of	f Child's Baptism:					
Locatio	on of Child's Baptis	m: (Name of	Church)			*
		(City/State	e)			
	<u>REQUIREMENTS</u>					
>	Must be baptized a	nd have receiv	ved First Con	nmunion in the	Roman Ca	tholic Church; *
>	Must be a registered member of the St. Michael Parish;					
Must regularly and actively participate in the weekend liturgies of the parish;						arish;
Must have completed a parish-level children's Religious Education (R.E.) Program during the previous year (prior to the year of sacramental preparation); and						
Must <u>currently</u> be enrolled and participating in the parish's Children's R.E. Program.						
	(Signature	of Parent/Gua	ardian)			(Date)
Parent the Sa child's	ts of those candida acraments of Reco	tes (baptized nciliation an d and reques	outside of to describe the description of the descr	he St. Michael amunion, mus	l Parish) o t contact	on file in the parish office. desiring the reception of the parish where their rded to the St. Michael
			For office	use only		
Locatio	on where Sacrament	al Preparation	was comple	ted:		
Date ar	nd time of Confirma	ition:				
	of Bishop/Celebrant					
	ation posted: P.D.S					Line

(Revised: 08/02/2025)