## ST. MICHAEL CATHOLIC CHURCH SACRAMENT OF CONFIRMATION APPLICATION

## (FOR 2024-2025 SACRAMENTAL PREPARATION PROGRAM)

(PLEASE RETURN COMPLETED FORM BY: JANUARY 1, 2025)

PLEASE PRINT CLEARLY:	
Name of Child (Candidate):	
Sex: Date of Birth:	
Birth Place (city, state and country):	
Physical Home Address:	
City:	State: Zip Code:
Mailing Address:	
Phone Numbers: Work or Cell	Email:
Father's Name:	Religion:
Mother's (Maiden) Name:	Religion:
Date of Child's Baptism:	_
Location of Child's Baptism: (Name of Church)	*
(City/State)	
REQUIREMENTS FOR RECEPTION O	F THE SACRAMENT OF CONFIRMATION
•	Communion in the Roman Catholic Church; *
Must be a registered member of the St. Mi	,
Must regularly and actively participate in t	
Must have completed a parish-level children previous year (prior to the year of sacrame	en's Religious Education (R.E.) Program during the intal preparation); <b>and</b>
➤ Must <u>currently</u> be enrolled and participating	g in the parish's Children's R.E. Program.
(Signature of Parent/Guardian)	(Date)
Parents of those candidates (baptized outside the Sacraments of Reconciliation and First Concentration of the Conc	I First Communion must be on file in the parish office of the St. Michael Parish) desiring the reception of Communion, must contact the parish where their ismal certificate be forwarded to the St. Michael
For off	ice use only
Location where Sacramental Preparation was com-	pleted:
Date and time of Confirmation:	
Name of Bishop/Celebrant:	
Information posted: P.D.SLedger_	Page Line

(Revised: 07/26/2024)