ST. MICHAEL CATHOLIC CHURCH SACRAMENT OF CONFIRMATION APPLICATION

(FOR 2023-2024 SACRAMENTAL PREPARATION PROGRAM)

(PLEASE RETURN COMPLETED FORM BY: JANUARY 1, 2024)

<u>PLEA</u>	SE PRINT CLEARL	<u>Y</u> :		
Name	of Child (Candidate)	:		
Sex: _		Date of Birth:		
Birth 1	Place (city, state and	country):		
Physic	cal Home Address: _			
City: _			State:	Zip Code:
Mailir	ng Address:			
Phone Numbers: Work or Cell			Email:	
Father's Name:			Religion:	
Mother's (Maiden) Name:			Religion:	
Date of	of Child's Baptism: _			
Locati	ion of Child's Baptisi	n: (Name of Church)		*
		(City/State)		
	<u>REQUIREMENTS</u>	FOR RECEPTION OF	THE SACRAMENT	OF CONFIRMATION
>	Must be baptized ar	nd have received First Co	mmunion in the Roma	n Catholic Church: *
	 Must be baptized and have received First Communion in the Roman Catholic Church; * Must be a registered member of the St. Michael Parish; Must regularly and actively participate in the weekend liturgies of the parish; 			
>	Must have complete	• • •	's Religious Education	(R.E.) Program during the
>		nrolled and participating	-	n's R.E. Program.
Parenthe Sachild'	ocumentary proof of ats of those candidate acraments of Record	tes (baptized outside of nciliation and First Colliand request a baptism	the St. Michael Pari mmunion, must con	(Date) t be on file in the parish office sh) desiring the reception of tact the parish where their warded to the St. Michael
parisi	Toffice ASAT please	For office	e use only	
Locati	on where Sacrament		<u> </u>	
		-		
Name of Bishop/Celebrant: Ledger				

(Revised: 06/07/2023)