

**St. Andrew the Apostle Roman Catholic Church**  
**Confirmation Registration**

**Student's Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Student's birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex [ ] Male [ ] Female

Student's Height (for Confirmation Robe sizing) \_\_\_\_\_ ft. \_\_\_\_\_ in.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Best Contact Phone Number (\_\_\_\_) \_\_\_\_\_

Family E-Mail Address (please print) \_\_\_\_\_

School attending \_\_\_\_\_ Grade level for 2016-17 school year \_\_\_\_\_

**Faith Formation (CCD, Catholic School, etc.)**

If not attending a Catholic High School, name of CCD program he or she is attending \_\_\_\_\_

Name of program(s) attended and date(s) \_\_\_\_\_

Total years of Catholic Instruction (Catholic schools or CCD programs) \_\_\_\_\_

Has student received the Sacrament of Baptism? Yes \_\_\_\_ No \_\_\_\_

Date of Baptism \_\_\_\_\_ Church of Baptism \_\_\_\_\_

**Family Information**

Mother's name (including maiden) \_\_\_\_\_ Religion \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_ Place of Employment \_\_\_\_\_

Address if different from above \_\_\_\_\_

Father's name \_\_\_\_\_ Religion \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_ Place of Employment \_\_\_\_\_

Address if different from above \_\_\_\_\_

Sibling \_\_\_\_\_ Age \_\_\_\_ Sibling \_\_\_\_\_ Age \_\_\_\_ Sibling \_\_\_\_\_ Age \_\_\_\_

Is your family registered in St. Andrew the Apostle Parish? \_\_\_\_ Yes \_\_\_\_ No\*

If no, in what parish are you currently enrolled as parishioners? \_\_\_\_\_

\*All families seeking to enroll in St. Andrew the Apostle Parish Sacramental Preparation programs must be registered in our parish, or have a letter granting permission for your child to receive the Sacrament of Confirmation in St. Andrew Parish.

**Sponsor Name**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell phone (\_\_\_\_\_) \_\_\_\_\_

**Godparents Contact Information**

1) Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell phone (\_\_\_\_\_) \_\_\_\_\_

2) Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell phone (\_\_\_\_\_) \_\_\_\_\_

**In order for registration to be complete we require:**

- **Registration form completed in full.**
- **Copy of the candidate's Baptismal Certificate**
- **Check or money order made out to St. Andrew in the amount of \$100.00 to defray costs of Sacramental preparation. Cash will not be accepted.**
- **Family enrollment in St. Andrew the Apostle Parish, or letter of permission.**

**Confirmands MUST attend One Mandatory Class and the Mandatory Retreat in order to be Confirmed:**

- 1) **Confirmation Class** – Saturday, May 6, 2017, from 10:00AM – 5:00PM (meet in front of church)  
**Makeup Date** – Saturday, June 10, 2017, from 10:00AM – 5:00PM (meet in front of church)
- 2) **Retreat** – Saturday, August 12, 2017, from 10:00AM – 5:00PM (meet in front of church)

[Office use only]	Paid in full ____	Check # _____	Copy of Baptismal Certificate ____	Entered in PS ____
	Sponsor form ____	Confirmation Name form ____		