



Sacrament of Confirmation Registration Form 2017-2018

Candidate's Name from
Baptismal Certificate: _____

Candidate's Date of Birth: _____ Current grade level: _____

Did the candidate participate in St. Brigid Faith Formation last year?

Yes ____ No ____ If not at St. Brigid, where? _____

Name of Catholic School (if attending): _____

Candidate attends session on: Sundays ____ Tuesdays _____

Contact Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

My sponsor(s) is/are: **PRINT** full name of Confirmation Sponsor. (Only one is required.) Be sure spelling is correct.

(Last) (First) (Middle)

(Last) (First) (Middle)

ORIGINAL Baptismal and Eucharistic certificates are required for each candidate. Please provide them ASAP or the sacrament cannot be celebrated. Copies will be made at the office and the originals returned to you.

Please attach payment of \$25.00 made payable to St. Brigid Catholic Church.

This fee pays part of the cost of materials and services provided in the Confirmation program.

Amount \$ _____ Cash: ____ Check No. _____

Date: _____

Staff initials: _____