

TEEN INITIATION (CONFIRMATION) CANDIDATE APPLICATION

(This will be used for official Confirmation records)

CANDIDATE'S Baptismal Name: _____

First

Middle

Last

CANDIDATE'S Date of Birth: _____

GENDER: M / F

(Mm/dd/yyyy)

CANDIDATE'S Place of Birth: _____

City

State

Country

FATHER'S Full Name: _____

First

Middle

Last

MOTHER'S Full Name: _____

First

Middle

Maiden

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _(____)_____

FATHER'S cell/work phone: (____)_____ MOTHER'S cell/work phone: (____)_____

DATE of FIRST COMMUNION _____

CHURCH of FIRST COMMUNION _____

BAPTISMAL INFORMATION

DATE of Baptism: _____ CHURCH of Baptism: _____

(Mm/dd/yyyy)

If baptized in a Military chapel, your records are kept at:

Archdiocese for the Military Services,

PO Box 4469, Washington, DC 20017-0469

To obtain an original for your records, Phone: 202-719-3605 or FAX 202-269-9022

BAPTISMAL CHURCH FULL ADDRESS:

Street Number and Street Name_____
City

State

Zip

Country

In submitting this application I understand and accept the responsibility of fulfilling the requirements in preparation for the reception of the sacrament of Confirmation. My responsibilities include successfully completing 7th and 8th grade religious education; showing religious respect of the clergy and religious, staff, catechists, and aides; neatly completing and handing in all required paperwork and documents on time, including my Baptismal Certificate, Letter of Intent, Sponsor Form and Certificate, the completion of the ministry project and report. I agree to research and complete a Confirmation Saint Name Report; write a letter to our Bishop, and attend the Confirmation Retreat and the Vocations Workshop. I will complete my sponsor worksheet, and attend the Confirmation Rehearsal. I also agree to receive the Sacrament of Penance and spend at least 10 hours with Our Lady of Angel's Jr. CYM.

(Candidate's signature)_____
(Date)_____
Parent's Signature)_____
(Date)