

*Office of Religious Education
Our Lady of Angels Catholic Church
13752 Mary's Way, Woodbridge, Virginia 22191
(703) 494-3696 FAX (703) 494-3117*

To the Student:

It is my responsibility to read and understand the Confirmation requirements I need to complete in order to be confirmed on Holy Saturday, April 03, 2010. I promise to faithfully attend weekly Mass, my classes, and complete requirements on time.

Student Signature: _____

Date: _____

To the Parents:

I have read and understand the Confirmation requirements my child needs to complete in order to be confirmed on Holy Saturday, April 03, 2010. I understand it is my responsibility to keep informed of my child's progress and follow up on any missed events. I promise to fully assist in my child's preparation for the sacrament.

Parent Signature: _____

Date: _____