

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 2014-15 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.

Godparents Contact Information

1) Name _____
Mailing Address _____ City _____ State _____ Zip _____
Home phone (_____) _____ Cell phone (_____) _____
E-Mail _____ Place of Employment _____

2) Name _____
Mailing Address _____ City _____ State _____ Zip _____
Home phone (_____) _____ Cell phone (_____) _____
E-Mail _____ Place of Employment _____

Grandparents Contact Information

1) Name(s) _____
Mailing Address _____ City _____ State _____ Zip _____
Home phone (_____) _____ Cell phone (_____) _____
E-Mail _____ Place of Employment _____

2) Name(s) _____
Mailing Address _____ City _____ State _____ Zip _____
Home phone (_____) _____ Cell phone (_____) _____
E-Mail _____ Place of Employment _____

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.

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