## ST. MICHAEL CATHOLIC CHURCH SACRAMENT OF CONFIRMATION APPLICATION

## (FOR 2022-2023 SACRAMENTAL PREPARATION PROGRAM)

(PLEASE RETURN COMPLETED FORM BY: JANUARY 1, 2023)

<b>PLEA</b>	SE PRINT CLEARLY:			
Name	of Child (Candidate):			
Sex: _	Date of	Birth:		
Birth l	Place (city, state and country)	):		
Physic	al Home Address:			
City:			State: _	Zip Code:
Mailir	g Address:			
Phone	Numbers: Work or Cell		Email:	
Father	's Name:		Religion:	
Mothe	r's (Maiden) Name:		R	eligion:
Date o	of Child's Baptism:			
Locati	on of Child's Baptism: (Nam	ne of Church)		*
	(City	/State)		
	REQUIREMENTS FOR R	ECEPTION OF THE	SA CRAME!	NT OF CONFIRMATION
>	Must be baptized and have	received First Commun	ion in the Ro	oman Catholic Church; *
>	Must be a registered member of the St. Michael Parish;			
>	➤ Must regularly and actively participate in the weekend liturgies of the parish;			
>	➤ Must have completed a parish-level children's Religious Education (R.E.) Program during the <u>previous year</u> (prior to the year of sacramental preparation); <u>and</u>			
>	Must <u>currently</u> be enrolled a	and participating in the	parish's Chi	ldren's R.E. Program.
Paren the re	ts of those candidates who r	d's Baptism and First Co ecceived these sacrament f Confirmation, must co	ets <u>outside o</u> ontact the p	(Date) nust be on file in the parish office f the St. Michael Parish, desiring arish where their child's baptism fice ASAP.)
	•	For office use of	only	
Locati	on where Sacramental Prepar	ration was completed:		
Date a	nd time of Confirmation:			
Name	of Bishop/Celebrant:			
Inforn	nation posted: P.D.S	Ledger	Page	Line

(Revised: 08/29/2022)