

ST. JOHN VIANNEY

Confirmation Registration Form

PLEASE PRINT

The information provided below is considered *CONFIDENTIAL* and is used only for communication purposes by this office.

CANDIDATE INFORMATION:

Candidate Name: _____
Last First Middle

Address: _____ Home Phone: () _____

City: _____ Zip: _____ Male Female Date of Birth: _____

Candidate's E-mail address _____ Parent E-mail address _____

Candidate's School: _____ Grade: _____ Place of Birth: _____

ELIGIBILITY REQUIREMENTS: (Please check where appropriate)

Baptized Catholic Registered in the Parish

Entering Junior year of high school or older

Currently registered in a parish High School Youth Ministry program

Involved in parish organizations, ministries and youth activities – Please List: _____

FAITH FORMATION EXPERIENCES: (Please complete as appropriate)

Attend Sunday Mass Regularly Have had a Parish Retreat experience

Attended Elementary / Jr. High Faith Formation programs at _____

Previously involved in a High School Youth Ministry program at _____

Other Activities: _____

Baptism <input type="checkbox"/> Date: _____ Church: _____ City: _____ State: _____ Country: _____	Reconciliation <input type="checkbox"/> Date: _____ Church: _____ City: _____ State: _____ Country: _____	Eucharist <input type="checkbox"/> Date: _____ Church: _____ City: _____ State: _____ Country: _____
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PARENTS/GUARDIANS INFORMATION

Relationship: _____ <small style="margin-left: 100px;">(Father, Stepfather, Grandfather, etc.)</small> Name: _____ <small style="margin-left: 100px;">First Last</small> Occupation: _____ Cell Phone: () _____ Religion: Catholic <input type="checkbox"/> Other Faith: _____ Marital Status: Civil <input type="checkbox"/> Church <input type="checkbox"/> Divorced <input type="checkbox"/> <small style="margin-left: 100px;">Single <input type="checkbox"/> Widower <input type="checkbox"/></small>	Relationship: _____ <small style="margin-left: 100px;">(Mother, Stepmother, Grandmother, etc.)</small> Name: _____ <small style="margin-left: 100px;">First Last Maiden Name</small> Occupation: _____ Cell Phone: () _____ Religion: Catholic <input type="checkbox"/> Other Faith: _____ Student lives with: Both Parents <input type="checkbox"/> Guardian <input type="checkbox"/> <small style="margin-left: 100px;">Father <input type="checkbox"/> Mother <input type="checkbox"/></small>
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REGISTRATION REQUIREMENTS:

Along with this completed form:

Course Fee: \$50.00

Confirmation Retreat Weekend Fee: \$100.00

Copy of Baptism Certificate is attached – or –

If Baptized at SJV provide information above in the Faith Formation Experiences section.

Checks may be made payable to: St. John Vianney Church/ Confirmation Preparation

For Office Use:

Amount Paid: _____

Cash or Check #: _____

Date Received: _____