

# Confirmation Registration 2009-2010

1. Complete *this* Registration Form.
2. Attach a recent copy of the candidate's Baptismal Certificate (if *not* baptized at St. John's in Fort Pierre).
3. Return *this* Registration Form, Baptismal Certificate, and the Candidate's Pledge (See Back) to the Pastor or Church Office on/before Sunday, October 18th.

**St. John the Evangelist**  
**PO Box 670**  
**206 West Main Avenue**  
**Fort Pierre, SD 57532-0670**  
Ph. 605-223-2176  
FAX 605-223-2805

## CANDIDATE INFORMATION

DATE OF BIRTH: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_  
PO BOX/STREET CITY STATE ZIP

CANDIDATE CELL PHONE: \_\_\_\_\_ CANDIDATE EMAIL: \_\_\_\_\_

GRADE IN FALL 2009: \_\_\_\_\_ SCHOOL IN FALL 2009: \_\_\_\_\_

## CANDIDATE'S SACRAMENTAL INFORMATION

PARISH OF BAPTISM: \_\_\_\_\_  
NAME OF PARISH CITY STATE ZIP

DATE OF BAPTISM: \_\_\_\_\_

I HAVE MADE MY FIRST RECONCILIATION: YES NO I HAVE RECEIVED MY FIRST HOLY COMMUNION: YES NO

PROPOSED CONFIRMATION NAME: \_\_\_\_\_

## PARENT INFORMATION

FATHER'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST CATHOLIC Y/N

MOTHER'S MAIDEN NAME: \_\_\_\_\_  
FIRST MIDDLE LAST (MAIDEN) CATHOLIC Y/N

EMAIL ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FATHER'S CELL PHONE: \_\_\_\_\_ MOTHER'S CELL PHONE: \_\_\_\_\_

## SPONSOR INFORMATION

SPONSOR'S NAME: (MR., MRS., MISS, MS.) \_\_\_\_\_  
FIRST MIDDLE LAST

SPONSOR'S ADDRESS: \_\_\_\_\_  
PO BOX/STREET CITY STATE ZIP

I HAVE READ THE CONFIRMATION CANDIDATE REQUIREMENTS, THE SPONSOR/MENTOR REQUIREMENTS, AND THE CONFIRMATION SCHEDULE WHICH INCLUDES 12 SUNDAY NIGHT PREPARATION SESSIONS AND AN OVERNIGHT RETREAT. I UNDERSTAND AND ACCEPT THESE REQUIREMENTS AND I AM READY TO BEGIN MY PREPARATION FOR THE SACRAMENT OF CONFIRMATION.

CONFIRMATION CANDIDATE SIGNATURE

PARENT/GUARDIAN SIGNATURE