

**ST. MARK PARISH - CONFIRMATION PREPARATION
REGISTRATION FORM 2019-20**

CANDIDATE: (print the name as you would like it to appear in the Confirmation Program)

Name: _____
(first) (middle) (last)

Date of Birth: _____ Place of Birth (city, state): _____

School Attending: _____ Grade: _____ Phone: _____

Email(youth): _____

BAPTISM: Date of Baptism: _____ Where Baptized: _____

Church address: _____

**If Candidate was not baptized at St. Mark, a copy of the candidate's
Baptismal Certificate must be provided by you by Nov .1, 2019.*

PARENTS:

Father's name: _____
(first) (last)

Mother's name: _____
(first) (last) (mother's maiden name)

Contact Info: Phone: _____ Email: _____

SPONSOR(may be filled out at a later date):

Name of Sponsor: _____

Phone: _____ Email _____

Address: _____

****Sponsors must be at least 16 years old, confirmed and a practicing Catholic, and not the candidate's parent. Sponsors from parishes other than St. Mark will need to provide a letter from their parish verifying they are a confirmed and practicing Catholic by February 1, 2020****

SAINT NAME (may be filled out at a later date): _____

I understand that enrollment in the program does not constitute a commitment to be confirmed. It does indicate a commitment to complete a retreat, attend the scheduled Sunday morning meetings and to a dialogue and exploration which may lead to the reception of the Sacrament.

Signature of Parent/Guardian

Signature of Candidate

If you have any questions, please contact Julie Albertson – jalbertson@stmarkindy.org. We will meet in the School's Media Center from 10:45 a.m.-12 p.m. on meeting days.

**PLEASE RETURN THIS FORM, BAPTISMAL CERTIFICATE,
AND \$45.00 FEE to the PARISH CENTER or at our first session on 9/29/19**