

# **CONFIRMATION REGISTRATION FORM**

PLEASE NOTE THAT THE CANDIDATE MUST BE AT LEAST 11 YEARS OLD BY DECEMBER OF  
YEAR OF REGISTRATION FOR ACCEPTANCE INTO THIS 2 YEAR PROGRAMME

**Please fill out this form and return it with a copy of the candidate's CERTIFICATES OF  
BAPTISM and FIRST COMMUNION and the REGISTRATION FEE of \$40.00.**

**(FORMS WILL NOT BE ACCEPTED WITHOUT THE CERTIFICATES & REGISTRATION FEE)**

NAME OF CANDIDATE: .....

ADDRESS: ..... TEL. NO. OF PARENT/GUARDIAN.....

AGE: .....SEX..... DATE OF BIRTH: .....PARISH COMMUNITY.....

PARISH OF BAPTISM: ..... DATE .....

PARISH OF FIRST COMMUNION ..... DATE.....

SCHOOL: ..... GRADE: .....

NAME OF MOTHER: .....

EMAIL ADDRESS: .....

NAME OF FATHER: .....

EMAIL ADDRESS: .....

ARE BOTH PARENTS ROMAN CATHOLIC? .....

WITH WHOM DOES THE CHILD LIVE? (NAME OF GUARDIAN) .....

IS GUARDIAN ROMAN CATHOLIC? .....

EMAIL ADDRESS OF GUARDIAN.....

DOES THE CHILD ATTEND SUNDAY MASS REGULARLY? (A) WEEKLY: .....

(B) SOMETIMES: ..... (C) NOT AT ALL: .....

WHERE? .....

GIVE THREE REASONS WHY THE CANDIDATE SHOULD BE CONFIRMED?

1) .....

2) .....

3) .....

THE CANDIDATE WILL BE EXPECTED TO BE INVOLVED IN THE PARISH. PLEASE  
THEREFORE INDICATE IN WHAT AREA(S) THE CANDIDATE WOULD LIKE TO SERVE.

YOUTH CHOIR ..... LECTOR .....

ALTAR SERVER ..... OTHER .....

SIGNED: .....

DATE: .....