



**ST REGIS MISSION SACRAMENT OF
CONFIRMATION
REGISTRATION 2018-2019**



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PLEASE PRINT CLEARLY

CANDIDATE'S FULL NAME	LAST	FIRST	MIDDLE	
DATE OF BIRTH	MONTH	DAY	YEAR	
DATE BAPTIZED	MONTH	DAY	YEAR	WHERE?
DATE RECEIVED FIRST COMMUNION	MONTH	DAY	YEAR	WHERE?

IMPORTANT: if candidate received FIRST COMMUNION or was BAPTIZED at another Church, please provide copy of Certificates.
Niawen:kowa

HOME ADDRESS:	
EMAIL ADDRESS OF PATENT/GUARDIAN	

SCHOOL CANDIDATE ATTENDS: _____ **GRADE** _____

MEDICAL INFORMATION AND/OR ALLERGIES: _____

CANDIDATE LIVES WITH: (CIRCLE ONE) BOTH MOTHER FATHER OTHER (PLEASE SPECIFY) _____

MOTHER'S NAME: _____
LAST
FIRST
MIDDLE

MOTHER'S MAIDEN NAME _____
LAST
FIRST
MIDDLE

FATHER'S NAME: _____
LAST
FIRST
MIDDLE

HOME PHONE: (____) _____ **WORK PHONE (Mom/Dad):** (____) _____

CELL PHONE (Mom/Dad): (____) _____ **EMERGENCY (PLEASE EXPLAIN):** (____) _____

WAIVER: From time to time, photos are taken of the class for publication, education promotional purposes and media coverage. Your permission is required to include your child in the photo(s). Please sign below giving permission of such to the St. Regis Mission Church and the Religious Education Program. Please do not sign if you do not give permission. Niawen:kowa

Parent/Guardian signature: _____

Print name: _____

The responsibility for preparation of candidates is that of their parents/guardians. You must attend Mass regularly with your child. The Clergy and Lay Instructor help with this important Sacrament. By signing this registration form, you acknowledge that if all work is not done in a timely fashion, the above listed candidate may not be eligible to receive the Sacrament of confirmation.

Candidate's Signature

Parent/Guardian signature

Date