St. Francis of Assisi Church 6850 Mayfield Road, Gates Mills, Ohio 44040 (440) 449-7880

CONFIRMATION REGISTRATION FORM PLEASE INDICATE EXPECTED CONFIRMATION YEAR: ______

I. CANDIDATE INFORMATION				
	CANDIDATE'S FULL NAME:			
	ADDRESS:			
	CITY, STATE, ZIP:			
	FATHER'S FULL NAME: _			
	MOTHER'S FULL NAME +	(MAIDEN):		
	PARISH OF REGISTRATIO	N:		
	SCH00L:	_GRADE:	BEST PHO	NE NO. TO REACH YOU:
	CANDIDATE'S DATE OF B	IRTH:		
	FAMILY E-MAIL ADDRESS:			
	If your family is registered at a parish other than St. Francis, you must obtain permission to participate in Confirmation at St. Francis. Please have your pastor contact Mrs. Zetzer by phone 440-449-7880, or @mzetzer@stfransicgm.org			
	There is a sacramental fee of \$45/year for instructional materials provided, session facilitators and the Confirmation Retreat. Make checks payable to St. Francis of Assisi. Confirmation Preparation Fee Year One - \$45.00 - Due at first parent meeting			
	Confirmation Preparation Fee Year Two -\$45.00 - Due in September of second year (A onetime payment of \$90.00 may be made at the first parent meeting)			
	PARENT'S SIGNATURE: _			DATE:
II. BAPTISMAL INFORMATION FOR THE CANDIDATE				
	DATE OF BAPTISM (MONTH, DAY, YEAR):			
	CHURCH OF BAPTISM:			
	ADDRESS:			
	CITY, STATE, ZIP:			
<u>*C</u>	*Candidates who were not baptized at St. Francis of Assisi must attach a copy of their baptismal certificate to this application.*			
III. SPONSOR INFORMATION				
	OFFICIAL SPONSOR OF RECORD: (MAY BE ADDED LATER)			
	SPONSOR'S NAME:			PHONE NO:
	SPONSOR'S E-MAIL:			PARISH:
If the sponsor is unavailable to work with the candidate during the preparation process, you must name a mentor to work with the candidate.				
	MENTOR'S NAME:			PARISH:
Initial here if you do not want the candidate's name and picture displayed in Church				
FOR OFF	ICE USE ONLY			
Date:	1st Yr Pd:	Check No:	Cash: _	Baptismal Cert. Received:
Date:	2 nd Yr Pd:	Check No.:	Cash: _	