

OUR LADY OF MOUNT CARMEL PARISH
FAITH FORMATION EDUCATION
CONFIRMATION REGISTRATION FORM
2017 – 2018

Sarah J Mack – Youth Minister / Confirmation Coordinator
Olmcsb93108@gmail.com
PHONE: 969-6868 Office or 574-9941 Cell

***All Students must submit a copy of their Baptismal Certificate with this form. A student will not be registered for Confirmation without a copy of their Baptismal Certificate on file by 9/28/17**

Registration Fees: \$150 a year, covers fees for the program, bibles, material for class, Youth Days & retreats. Please include a note with registration if you are in need of a partial scholarship

Student Name: (Print) _____

Home Address: _____

City: _____ ZIP: _____ Home Phone: _____

Email Address: _____

Date of Birth: ____/____/____

Grade in School _____ Name of School _____

Date of Baptism: ____/____/____ Church: _____

Address: _____

City: _____ State: _____ ZIP: _____

Penance Date: ____/____/____ Church: _____

Address: _____

City: _____ State: _____ ZIP: _____

First Communion Date: ____/____/____ Church: _____

Address: _____

City: _____ State: _____ ZIP: _____

Father's name: _____ Religion: _____

Work/Cell Phone: _____ E-mail: _____

Mother's maiden name _____

Mother's name: _____ Religion: _____

Work/Cell Phone: _____ E-mail: _____

Additional Information for Confirmation Students:

Students e-mail: _____ Student cell: _____

Sponsor: _____ Phone: _____

E-mail: _____