

**OUR LADY OF MOUNT CARMEL PARISH  
FAITH FORMATION EDUCATION  
CONFIRMATION REGISTRATION FORM  
2014 – 2015**

Sarah J Mack – Youth Minister / Confirmation Coordinator  
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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 9/28/14**

**Registration Fees: \$150 will cover fees for program, bibles, material for class, Youth Days & retreats.**

**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: \_\_\_\_\_