

REGISTRATION FOR THE SACRAMENT OF CONFIRMATION 2010-2011

For Youth in Grades 11 - 12 who have not been confirmed and **have participated in the life of the parish for 1 full_year prior to beginning the preparation process.**

The parent(s) of _____
(Please print the first and last name of the youth)

Age _____ Grade _____ would like their teenage youth to participate in St. Elizabeth Ann Seton Parish faith formation program to assist them with their youth's preparation for the Sacrament of Confirmation.

Your Family's Current Address: _____

Telephone Number: _____

Parent's Email Address: _____

Youth's Email Address: _____

We are registered at and presently attending: _____ Parish

Mother's first and maiden name: _____

Mother's faith: _____

Father's name: _____

Father's faith: _____

Our child was born in _____ on _____
(City and State) (Month/Day/Year)

and was baptized at _____ on _____
(Name of Church) (Month/Day/Year)

(City & State of Church of Baptism)

Regardless of the location of baptism, a copy of your child's baptismal certificate is required in addition to this form.

**If you have questions, please contact Deacon Dez, Director of Youth Ministry
644-9732 or email:dez@akseas.net**