



REGISTRATION FOR THE SACRAMENT OF CONFIRMATION 2011-2012

For Youth in Grades 11 - 12 who have not been confirmed.

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: _____

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 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 youth's baptismal record must accompany this registration form.**

**If you have questions, please contact:
Bonnie Bezousek, Director of Faith Formation
644-978 or email: bonnie@akseas.net**