

# Margaree Family of Catholic Churches

## Confirmation Preparation Program Registration Form

Parish: St. Joseph \_\_\_\_\_ St Michael \_\_\_\_\_ St Patrick \_\_\_\_\_

### Candidate Information (Please Print)

Last Name	First Name	Second Name(s)
Parents/Guardian(s)		Mother's Maiden Name
If candidate resides with someone other than the parent/guardian listed above, please indicate here:		
Address	Town	
Postal Code	Home Phone Number	
Date of Birth	Place of Birth	
School	Grade	

The best way to contact me is:

- Home Phone
- Email
- Cell
- Text Message

Address: \_\_\_\_\_

Number: \_\_\_\_\_

F/B Name: \_\_\_\_\_

- Facebook Message

### Sacraments

Candidate, Have you celebrated:			Parish/Town:	Year or Age at the Time
	Yes	No		
Baptism				
First Confession				
First Communion				
Confirmation				

*Are you committed to participating in the Confirmation Preparation Program?*

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Confirmation Candidate signature