

**PLEASE PRINT St. Mary's, Sts. Mary & Martha, Our Lady of the Snow PLEASE PRINT
APPLICATION for PREPARATION to RECEIVE the SACRAMENT of CONFIRMATION**

Candidate's First Name		Candidate's Middle Name		Candidate's Last Name	
Candidate's Email Address					
Home Address			City, State		Zip Code
Catholic School		Grade	Birthday	Parish	
<input type="checkbox"/> No <input type="checkbox"/> Yes					
Baptism Date	Baptism Place		Baptism Address: City, State		
Mother's Name			Father's Name		
Mother's Cell Phone	Mother's Work Phone	Father's Cell Phone	Father's Work Phone		
Mother's Email Address:			Father's Email Address		

DIOCESAN REQUIREMENTS

1. Pray and attend Mass weekly
2. Attend Faith Formation regularly (Parish Program or Catholic School).
Place of 2019–2020 Catholic Religious Instruction _____
Place of 2020–2021 Catholic Religious Instruction _____
3. Celebrated Baptism, Reconciliation, Eucharist
Month/Year of First Reconciliation _____ Month/Year of First Eucharist _____
4. Baptismal Certificate on file
5. 8th Grade or older
6. Attend Retreat Year 1
7. Attend Sponsor/Candidate Sessions Year 2
8. Attend Retreat Year 2
9. Attend General Rehearsal (prior to Confirmation)
10. Successfully completed approved service ministry requirements (10 hours **minimum**)
11. Attend all group sessions/classes
12. Complete Staff Interview
13. **Material & Activity Fee \$125.00 (\$60 if candidate is in Catholic School)**
Make Check Payable to Faith Formation

I HAVE READ AND AGREE TO THE DIOCESAN REQUIREMENTS. I WILL HELP MY CHILD MEET THESE REQUIREMENTS. I UNDERSTAND THAT ALL REQUIREMENTS MUST BE MET BEFORE CELEBRATING THE SACRAMENT OF CONFIRMATION.

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites, or other materials produced from time to time by our parishes or the Diocese of Rochester. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the office in writing. Please note that the office has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Parent Signature _____ Date _____