

St. Therese Of Lisieux  
**SACRAMENT OF CONFIRMATION (PHASE 2)**  
**REGISTRATION FORM**

**2018-2019**

(Please register by JUNE 30, 2018)

Name \_\_\_\_\_  
(last) (first)

Address \_\_\_\_\_  
(street) (city) (zip)

Student Birth Date \_\_\_\_\_ Gender: Male Female  
Grade (in Sept. 2018) \_\_\_\_\_ School (in Sept. 2018) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Calling Post # \_\_\_\_\_  
(For Snow/Emergency Class Cancellations)

Father's Name \_\_\_\_\_ Father's Cell # \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Mother's Cell # \_\_\_\_\_  
(provide first name & maiden name)

Parent Email \_\_\_\_\_ Parent Email \_\_\_\_\_  
(For Student Related Notifications) (For Parish Related Notifications)

**RECORD OF BAPTISM**

Copy of the baptismal certificate is also required if your child was **NOT** baptized at St. Therese, or did **NOT** receive First Communion at St. Therese.

Date of Baptism: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_

Address of Church:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PARISH INFORMATION**

Indicate the parish of which you are a member; it is recommended that your child receive the sacrament of Confirmation at the church where your family are registered parishioners.

Name of Church: \_\_\_\_\_ City: \_\_\_\_\_

**CONFIRMATION INFORMATION**

If you have **NOT** yet decided on a name and/or sponsor you **MUST** notify the office with this information by **OCTOBER 1st, 2018**.

Confirmation Name: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_

If the sponsor is **NOT** a member of St. Therese Church a **Certificate of Eligibility** is required from the **sponsor's parish**.

**Reminder:** A sponsor cannot be the candidate's parent, must be at least 16 years old and have received all the sacraments of initiation.

**SACRAMENTAL FEE:** \$200.00 per candidate

(Sacramental fee covers the candidate's preparation materials, sessions, retreat and ceremony.)

Registration is not contingent upon payment of fee; no child is denied sacramental preparation if a family is unable to pay fee.

Date: \_\_\_\_\_ Paid Cash \_\_\_\_\_ Paid Check # \_\_\_\_\_ (Please make payable to: St. Therese)

\*Teens are also required to complete a  
**BRANCHES High School Youth Ministry Registration/Medical-Permission Form**