

Holy Angels Office of Faith Formation
138 N 8th Ave
West Bend, WI 53095
(262) 334-9393

Registration for Confirmation 2019 (Please Print)

Full Name (as it appears on the baptism certificate): _____

Preferred name (example Jon for Jonathan): _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number (_____) _____ - _____ Student Cell Number* (_____) _____ - _____

Student E-mail Address*: _____ Can you receive Texts?* _____

Parent E-mail Address*: _____

Parent Cell Number (_____) _____ - _____ Can you receive Texts? _____

*E-mail will be the primary mode of communication for the Confirmation Year. Please provide both student and parent e-mail addresses. Students and parents will receive e-mail messages about service hours.

*If you provided student cell phone information, the DRE may contact the student to remind them about classes and other items using text messaging.

School: _____ Grade Sept 2018: _____

Date of Baptism: _____ Place & City of Baptism: _____

Were you baptized Catholic? _____

If no, when and where did you become Catholic? _____

Current Parish _____ Have you been Confirmed before? _____

If you were baptized somewhere other than Holy Angels, please attach a copy of the Baptism Certificate

(OVER)

DUE: May 22, 2018

Father's Full Name: _____

Mother's Full Name (& Maiden): _____

Please list parent's address if different from above OR any other contact info that would be helpful.

Student's Confirmation Covenant

I, _____ agree to:

1. Actively live out my faith by attending Mass weekly.
2. Attend all classes or take responsibility for the makeup materials which will be provided.
3. Actively live out my Christian faith by committing my time, talent, and treasures to the church.
4. Choose a sponsor who will take an active role in helping me to grow in my faith.
5. Actively participate in the retreat prior to Confirmation.
6. Pray for all my friends who are going to celebrate this Sacrament with me.

I accept this challenge to follow Christ, and pledge my earnest intent to do these things, by the grace of God, and in fellowship with the Christian community.

Student Signature: _____ Date: _____

Archdiocese of Milwaukee, Release of Information, Photography & Video Consent

I, the parent/legal guardian listed on this form, hereby consent that any still or electronic image and/or audio recording, in which I or my child listed above may appear, may be used by Holy Angels Parish of West Bend and/or by the Archdiocese of Milwaukee. I understand that these materials are being used for the promotion of Holy Angels Parish of West Bend and/or the Archdiocese of Milwaukee. The images and/or recordings may be used to support recruitment, fundraising, evangelization, and other communication efforts.

I release the staff and volunteers and I understand and agree that the use of my picture is not an invasion of privacy. Neither I, nor anyone claiming to be speaking on my behalf, will later object to the Archdiocese's use of this/these photographs.

Signature of Parent/Legal Guardian: _____

Date Signed: _____