

Last Name _____

CONFIRMATION & FIRST EUCHARIST SACRAMENTAL PREPARATION For University Students and Parish Adults

CONTACT INFORMATION:

Candidate's Name _____ Birth date _____
First Middle Last

School (if applicable) _____

Candidate's Address _____
Street City, State Zip

Parent 1 - Birth Name _____ Married last name _____

Parent 2 - Birth Name _____ Married last name _____

Candidate email _____ Cell _____
Check here to opt out of text reminders

Home Phone _____ Other Phone _____

CONFIRMATION SPONSOR:

Sponsor's Full Name _____
Please print carefully. Name will be recorded in permanent record as given here.

Please X each Catholic sacrament that your sponsor has received:

Baptism _____ Confirmation _____ First Eucharist _____

CONFIRMATION NAME:

In some families there is a custom of choosing to add a saint's name to a Confirmation candidate's baptismal name. Please indicate what name you choose to add or check that you will not be adding a name.

Confirmation name I wish to add: _____

_____ I do not choose to add a confirmation name.

Last Name _____

SACRAMENTAL HISTORY:

Church of Baptism: _____

Full Name of Candidate at Baptism: _____

First

Middle

Last

Date of Baptism: _____ Approximate date if unknown: _____

Have you received First Eucharist? Yes / No

Date of First Eucharist _____ Church Name _____

PHOTOGRAPHY RELEASE:

I hereby authorize St. Aloysius Parish and Gonzaga University to publish the photographs and videos taken of me and my name, for use in the St. Aloysius Parish's printed publications, website and training purposes.

I acknowledge that since participation in publications and websites produced by St. Aloysius Parish & Gonzaga University is voluntary, I will not receive financial compensation.

I further agree that participation in any publication and website produced by St. Aloysius Parish & Gonzaga University confers no rights of ownership whatsoever. I release St. Aloysius Parish, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Please Check One:

_____ YES – I grant permission to take and use my photo

_____ NO – Please do not use any photographs of me. I know that I won't be removed from classes or celebrations but will be positioned in a way so that I will not be in photos.

Parent/Guardian Signature

Parent/Guardian printed

Date

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