

Confirmation Candidate Registration Form 2007-2008

Candidate's Name _____ Phone _____

Address _____ Zip Code _____

Place of Baptism _____ Date of Baptism _____

*****IF YOU WERE NOT BAPTIZED AT HOLY GHOST CHURCH, A COPY OF YOUR BAPTISMAL CERTIFICATE MUST BE ATTACHED******

Date of Birth _____

Grade _____ School _____

Father's Name _____

Mother's Name _____ Mother's Maiden Name _____

.....
As a candidate for Confirmation, I will participate in the Mass on a regular basis. I will participate in faith formation that is available for my age. I will make a commitment to continue my formation and participation as a member of the parish community.

Candidate's Signature _____

Parent's Signature _____

Sponsor's Name _____

Address _____ Zip _____ Tel. Phone # _____

** Parish _____

**** SPONSORS SHOULD BE REGISTERED AND ACTIVE IN THEIR PARISH COMMUNITY****

FEES:

For registered & participating families of Holy Ghost:
1 child....\$15.00 2 children.....\$25.00 3 or more children....\$40.00
(check payable to Holy Ghost)

Fee enclosed: Yes _____ No _____ Unable to pay _____

Please return by: Sunday, October 1, 2007 (Form may be dropped in the collection basket, mailed or dropped off at the rectory Attention: Rose)

Important Date: Tuesday, February 5, 2008 7:00 pm in Parish Hall for Parents at this meeting you will received the date for confirmation, and preparation day.