



**Holy Disciples—Our Lady of Good Counsel  
Sacrament of Confirmation for Youth  
Registration 2018-2019**



**Participant Information:**

Name: \_\_\_\_\_ Gender \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
School Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Sponsor Name: \_\_\_\_\_ Saint Name \_\_\_\_\_

**Sacraments Received:**

\_\_\_\_ Baptism  
\_\_\_\_ Reconciliation  
\_\_\_\_ Communion

**Please list any current  
involvement in parish ministries:**

\_\_\_\_\_  
\_\_\_\_\_

*Please attach a copy of your Baptism Certificate*

**Are you registered in either parish:** Yes No (Circle One)  
Holy Disciples \_\_\_\_\_ Our Lady of Good Counsel \_\_\_\_\_

**Program Agreement:** I understand the requirements of the Confirmation program (see attached) and am willing to meet these expectations. I will be open to learn about my faith and about myself. I will commit myself to full participation in this program.

Participant Signature \_\_\_\_\_

**Parental Information and Agreement:** Complete this section if the Applicant is 18 or under.

Parent Name: \_\_\_\_\_  
Phone (if different from above): \_\_\_\_\_  
Parent Email: \_\_\_\_\_

I also understand the requirements of the Confirmation program and I will support my candidate as they participate in the Confirmation process.

Parent Signature \_\_\_\_\_

**Notes: Attendance at all events is expected for participation in Confirmation program.**

**Fees: \$40.00 Registration Fee; Convention and Retreat separate**

Cash \_\_\_\_\_ Check Amt & # \_\_\_\_\_ Date \_\_\_\_\_