

**POST CONFIRMATION REGISTRATION
SUNDAYS, 2016-2017**

CHECK ALL WHICH APPLIES:

____ YES, our adolescent is planning his/her Confirmation Celebration
on Sunday, October 9, 2016 at the 1:00 p.m. Mass.

____ NO, our adolescent is not wanting the Sacrament of Confirmation at
this time.

____ YES, our adolescent will be attending monthly classes to deepen
his/her spiritual life according to Gospel values. (see dates on blue sheet)

FULL NAME OF ADOLESCENT (**first, middle, last**)

ADDRESS _____

STUDENT PHONE _____ IS IT OK TO TEXT YOU? Yes ___ or No ___

HOME CHURCH _____

FATHER'S NAME _____

ADDRESS _____

CELL PHONE _____ IS IT OK TO TEXT YOU? Yes ___ or No ___

WORK PHONE _____

MOTHER'S NAME with MAIDEN NAME _____

ADDRESS _____

CELL PHONE _____ IS IT OK TO TEXT YOU? Yes ___ or No ___

WORK PHONE _____

HOUSEHOLD EMAIL ADDRESS _____

<p>REGISTRATION FEE \$10.00 (FOR YEAR III) (fee pays for 8 x 10 Confirmation group picture) Please include fee with this registration form.</p>
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REGISTRATION IS DUE "AS SOON AS POSSIBLE"

Please drop completed form off to Catholic Ministry Center or place in
Collection basket at Mass OR MAIL TO:

FAITH FORMATION OFFICE
824 Jefferson Street
Tell City, IN 47586

**PLEASE UPDATE CENSUS INFORMATION ON OTHER SIDE -ONLY IF THERE
ARE CHANGES SINCE THE LAST PROGRAM YEAR-THANK YOU**

(Census update)

DATE: _____

FAMILY LAST NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____ **PHONE NO.** _____

Contribution Envelope Number: _____

INDIVIDUAL INFORMATION

Your Name:		Spouse:
Birthday		Birthday
Baptized Catholic? Yes ____ No ____		Baptized Catholic? Yes ____ No ____
If Married, Anniversary Date		
Optional:		
Email		Email
Occupation		Occupation
Work Phone		Work Phone

CHILDREN IN HOUSEHOLD:

Name of Child	Birthday	Baptism Date and Place	First Communion Date and Place	Confirmation Date and Place