

# CONFIRMATION CANDIDATE REGISTRATION FORM

## All Saints Catholic Church

Fall 2019

STUDENT NAME                      BIRTHDATE                      GRADE                      SCHOOL ATTENDING

\_\_\_\_\_

CHURCH OF BAPTISM \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

DATE OF BAPTISM \_\_\_\_\_ (NEED A COPY OF CERTIFICATE IF NOT BAPTIZED AT ALL SAINTS)

CHURCH OF FIRST COMMUNION \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

DATE OF FIRST COMMUNION \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_  
(First) (Last)

MOTHER'S NAME \_\_\_\_\_  
(First) (Maiden) (Last)

MAILING AND STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PARENT'S EMAIL \_\_\_\_\_

EMERGENCY NAME & PHONE \_\_\_\_\_  
(Other than the parent, in case of illness or accident)

**CLASSES MEET ON SUNDAY MORNINGS AT 10:30**

### **THIS SECTION TO BE FILLED OUT BY PERSON TAKING REGISTRATIONS**

\_\_\_\_\_ REGISTRATION FEE PAID                      \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ NUMBER

\_\_\_\_\_  
*REQUIREMENTS FOR ENROLLMENT (To be filled out by the parish office)*

\_\_\_\_\_ *Parish Family Registration*

\_\_\_\_\_ *Stewardship Card: Time and Talent*

\_\_\_\_\_ *Stewardship Card: Treasure*

\_\_\_\_\_ *Baptismal Certificate (IF BAPTIZED IN CHURCH OTHER THEN ALL SAINTS)*

IF PARENT IS GOING TO BE A VOLUNTEER IN ANY CAPACITY THE FOLLOWING DOCUMENTS MUST BE ON FILE PER THE CATHOLIC DIOCESE OF WICHITA

\_\_\_\_\_ *Verification of VIRTUS Training*

\_\_\_\_\_ *Diocesan Code of Ethical Standards for Volunteers*

\_\_\_\_\_ *Diocesan Policy of Suspected Abuse of Children*