**Confirmation Application**

**(*Please print or type CLEARLY*)**

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am applying for (please check one) ☐ Fall ☐ Spring

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Include* ***Maiden Name****)*

**UA AFFLIATION**

☐I attend the U of A I am a: Fr \_\_ So \_\_ Jr \_\_ Sr \_\_ Grad Student\_\_\_ Pima College Student \_\_\_

**☐** UA Student **☐** Pima Student **☐** UA Faculty/Staff ☐ Regularly attend Mass at Newman Center

**☐** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELIGIOUS HISTORY**

 Information about the Sacraments you have received**: Copies of certificates are required**

|  |  |  |
| --- | --- | --- |
|  Baptism | Reconciliation | First Eucharist |
| Name of Church& Denomination |  |  |  |
| Date |  |  |  |
| City, State |  |  |  |
| Indicate if your Name was different at time of receiving the Sacrament |  |  |  |

Do you have a copy of your Baptismal Certificate? ☐ Yes ☐ No

Do you have a copy of your Penance (First Confession) Certificate? ☐ Yes ☐ No

Do you a copy of your Eucharist (First Communion) Certificate ☐ Yes ☐ No

**Do you have a Sponsor, someone who is a practicing Catholic and will be a support to you?**

☐Yes ☐No If yes, Sponsor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Parish does your Sponsor belong to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_

**A sponsor must be:**

* A practicing Catholic in good standing, at least 16 years of age
* Baptized, received First Communion and Confirmed
* Spiritually mature, and supportive of your spiritual growth
* Be living a life of example that inspires you
* Not your parent or fiancé

**Have you chosen a Confirmation Name?**

☐Yes ☐No If yes, Saint’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be enrolled in the program you must submit the following:**

* **Application**
* **Certificate of Baptism -**
* **Certificate of First Holy Communion**
* **Program Fee**

**For Office Use Sacrament of Confirmation**

 **Date: Parish City/State**

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

Completed Forms \_\_\_ Baptismal Certificate

 \_\_\_ First Communion Certificate

 \_\_\_ Interviewed

 \_\_\_ Program Fee $\_\_\_\_\_\_\_\_ paid on \_\_\_\_\_\_\_\_\_

 \_\_\_ Sponsor Form (permission sacrament issuance)