

**ST. ROSE OF LIMA/HOLY TRINITY
2018 CONFIRMATION REGISTRATION FORM
Return Registration Form by February 25!**

CANDIDATE INFORMATION:

Candidate Name: _____
Last First Middle Nickname

M/F: _____ **Date of Birth:** _____ **Age:** _____ **Grade:** _____

Phone (home/cell): _____ **School:** _____

Baptism: _____
Date Church City & State

First Communion: _____
Date Church City & State

PARENTS CONTACT INFORMATION:

Father/Guardian Name: _____ **Cell Phone:** _____

Address: _____
Street City Zip Code

Father's E-Mail Address: _____

Mother/Guardian Name: _____ **Cell Phone:** _____

Address: _____
**If different from father.*

Mother's E-mail Address: _____

(If Divorced) Legal Custody: (please circle) **Mother** **Father** **Joint** **N/A**

REGISTRATION REQUIREMENTS:

- **Completed Registration Form (both sides)**
- **\$40 Registration Fee: Make check payable to *St. Rose of Lima***
- **Copy of Baptismal Certificate only if baptized at parish other than St. Rose or Holy Trinity**
Simply call the parish office where they were baptized & request a form be sent.
- **Mail or drop off completed registration & payment by February 25 to:**
Attn: Yolanda Burgener, St. Rose of Lima Church
114 Lancelot Drive, Franklin, IN 46131

Any questions, call St. Rose RE Office @ 317-736-6754 or Holy Trinity @ 812-526-9460

Office Use Only: Amount Paid: _____ **Cash or Check#:** _____ **Date Received:** _____

Certificate Required: _____ **Date Received:** _____

So that we can best serve you child, please list any know conditions that we should be made aware of (i.e. **Learning Disabilities, Allergies, Dietary Restrictions, Medications taken, Medical, Physical, Emotional, Behavioral, etc.**)

MEDIA & ST. ROSE WEBPAGE CONSENT FORM:

Media could include, but is not limited to:

Public Media, Church Media and Web Based Media

As a parent/guardian I give permission for my son's/daughter's picture, as part of a group or individual, to be used as indicated above.

Signature _____

Date _____

SPONSOR INFORMATION:

Sponsors must meet the following criteria:

- **Be 16 years of age or older**
- **Has received the Sacrament of Confirmation and a practicing Catholic**
- **Parents cannot be their child's sponsor**
- **If married, must have been married in the Catholic church.**

Sponsor's Full Name: _____
Last *First* *Middle*

Address: _____
Street *City & State* *Zip Code*

Date of Birth: _____

Phone Numbers: _____

Email Address: _____

Home Parish and Address: _____

Sacraments: Baptism _____
Church *City & State* *Year*

First Communion: _____
Church *City & State* *Year*

Confirmation: _____
Church *City & State* *Year*