

# Confirmation Registration 2019-2020

SPX

ST. PIUS X  
C H U R C H

## Candidate Information

Name (Last,First,Middle)	
Street Address	
City ST ZIP Code	
Home Phone	
City & State of Birth	
Date of birth	
Age as of May, 2019	
Father's First & Last Name	
Father's Cell phone	
Mother's First & Last Name	
Mother's Maiden Name	
Mother's Cell phone	
E-Mail for important information Please provide an address that can receive attachments	
Baptismal Date	
Baptism Parish & Address	
Date of 1 <sup>st</sup> Eucharist	
Parish of 1 <sup>st</sup> Eucharist	
Was candidate in Religious Education during 8 <sup>th</sup> grade year?	
School attending	
Grade as of Fall 2018	

## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## For Parents

I'd be willing to chaperone \_\_\_\_\_ event

I'd be willing to help as a small group leader

Your signature indicates that you have filled out all necessary components of the registration form, and that you understand all meetings are mandatory parts of the Confirmation Preparation program. If you have any questions, please email me ([pwoods@stpious10.org](mailto:pwoods@stpious10.org)) or call the parish office at 410-427-7511.

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Parent's Signature

Date

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Candidate's Signature

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Comments:

