

The Church of St. Paul
A Roman Catholic Faith Community

200 Wyckoff Avenue + Ramsey, NJ 07446-2254

WWW.STPAULRCCHURCH.ORG

201-327-8010

Year One



FAITH FORMATION OFFICE

faithformation@stpaulrcchurch.org

Application for Confirmation Preparation Program 2015/2016

Candidate Name _____

Candidate Date of Birth _____ High School Attends _____

Special Needs, Allergies, etc _____

Father Full Name _____

Mother Full Name _____

Mother's Maiden Name _____

Home Address _____
Number and Street

Town _____ Zip Code _____

Church/Church Address of Baptism _____

Date of Baptism _____

Home Phone Number _____

Mother cell phone or work phone number _____

Father cell phone or work phone number _____

Family (Adult) E-mail Address _____

Emergency Contact/Name/Phone number _____

We are asking families to help with the extra expenses incurred with our Sacrament Preparation. The suggested offering is \$125.00

The parish is the presence of the Church in a given territory, an environment for hearing God's word, for growth in the Christian life, for dialogue, proclamation, charitable outreach, worship and celebration.

- Pope Francis

**Confirmation Preparation Program Enrollment Form
2015/2016**

_____ Yes, I would like to prepare for the Sacrament of Confirmation. By signing below, I state that I take my obligations as a Catholic Christian seriously, and I will:

Worship with our Catholic Christian Community on Sundays and Holy Days.

Be willing to and actually provide a certain amount of service to others.

Set the meetings, preparation sessions, service opportunities and Confirmation Retreat as priorities in my life and make every attempt to attend, missing only for a serious reason.

_____ No, do not consider me a candidate at this time. I will be confirmed elsewhere or I will contact you if and when I am ready to prepare for Confirmation.

Candidate's Signature _____ Date _____

Parents, by signing below you acknowledge the requirements of the Confirmation Program and you agree to support your son or daughter's decision to be part of the Church of St. Paul Confirmation Program.

Parent's Signature _____ Date _____

**Please return this form to the Faith Formation Office by July 22, 2015.
Please remember to enclose a copy of your baptismal certificate and other
Sacraments celebrated if you are deciding to prepare for Confirmation.**

Office use only

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_____ Sacrament Offering received _____ Service Project completed

_____ Baptismal Certificate received _____ Name Form received

_____ Confirmation Sponsor form received