

**Registration for Preparation
For the
Sacrament of Confirmation**

Name of Candidate: _____
 (Full Name- including middle name)

Parent/Guardian: _____

Address: _____

Phone: _____
 Home Work Cell

Candidate's cell # _____

Candidate's email _____

Parent's email _____

Sacramental Fee: \$50.00 (Payable to St. Bernard's Church)

I give permission for my child to participate in Zoom Meetings offered for class.

X _____

Church of Baptism:

St. Bernard's _____

Other: _____ Parish: _____

City	State	Zip
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Date of Birth _____

Date of Baptism _____ (if known)

If the candidate was not baptized at St. Bernard's, a copy of their baptismal certificate is needed prior to receiving the Sacrament.