

REGISTRATION FOR CONFIRMATION 2020-2021

FULL LEGAL NAME OF STUDENT

FIRST:	MIDDLE:	LAST	:	
FAMILY ADDRESS				
PHONE (DAY)	PHONI	E (EVENING	/CELL)	
BEST EMAIL ADDRESS	(IMPORTANT)			
DATE OF BIRTH	CITY & STA	TE OF BIRT	Н	
BAPTISM: DATE OF	BAPTISM			
CHURCH OF BAPTISM	(FULL NAME AND A	.DDRESS):		
1 ST HOLY COMMUNION	: DATE OF 1 ST HC	DLY COMMU	INION	
CHURCH OF 1ST HOLY	COMMUNION (FUL	L NAME AN	D ADDRESS)	
SCHOOL ATTENDED B	Y STUDENT			GRADE
PARISH WHERE CAND	DATE IS REGISTER	RED (FULL N	AME AND ADDRESS	S):
Father's First:	Mi	iddle:	Last:	
Mother's First:	M	liddle:	Last:	
(Maiden):				
Father's Religion	Mother's Religion:			
OFFICE USE ONLY	*********	*****	******	
CONFIRMATION NAME	:			
SPONSOR'S NAME:				

INSTRUCTIONS FOR CONFIRMATION REGISTRATION

Registration Fee: \$25 (includes costs of supplies, materials, full-day retreat with two meals)

Baptismal Certificate:

- If your child was baptized at St. Mary's, you do not need to submit a Baptismal Certificate.
- If your child was **NOT** baptized at St. Mary's, please submit a copy of the Baptismal Certificate---front and back—to show both Baptism and First Eucharist.
- Those who have completed RCIA should contact the Church of Baptism to obtain an official Baptismal Certificate and submit a copy to us.

Non-Parishioners: If your family is <u>not</u> registered at St. Mary's, you must submit the form: *Permission to Receive the Sacrament of Confirmation and Sacramental Preparation at St. Mary of the Assumption.* This form must be signed by **your** pastor.

PLEASE SUBMIT ALL COMPLETED ITEMS AND FEE NO LATER THAN THE TUESDAY, NOVEMBER 10TH, 2020 (6:45p.m.) CONFIRMATION MEETING*. Questions, please contact Mrs. Kristina Lindgren-Andersen, Coordinator for Religious Education, at kandersen@stmaryum.org or 301-627-3255 x107.

Next Page for the Permission Form

^{*} Location subject to change to follow current health & safety guidelines

PERMISSION TO RECEIVE THE SACRAMENT OF CONFIRMATION AND SACRAMENTAL PREPARATION AT ST. MARY OF THE ASSUMPTION

Sacraments should be celebrated in your home parish per Archdiocese of Washington policy.

*For those who are <u>registered</u> at parishes <u>other than</u> St. Mary of the Assumption Parish, you and your Pastor must complete this form. This form must be returned by the **TUESDAY**, **NOVEMBER 10**, **2020**. **CONFIRMATION MEETING at 6:45p.m. in the School Multipurpose Room.*** It can also be dropped off or mailed to:

St. Mary of the Assumption Parish Office, **Attn: K. L. Andersen**, 14908 Main Street, Upper Marlboro, MD 20772.

For questions please call Mrs. Lindgren-Andersen at 301-627-3255 x107 or email kandersen@stmaryum.org.

STUDENT'S NAME:	
Phone:	
My childwillwill Mary of the Assumption.	not prepare for the sacrament of Confirmation at S
My childwillwill rof the Assumption.	not <u>receive</u> the sacrament of Confirmation at St. Mai
Home Parish Name:	
Print Pastor's Name:	
Pastor's Signature:	Date:

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Location subject to change to follow current health & safety guidelines