

Prince of Peace Catholic Parish  
**Sacrament of Confirmation Candidate Registration**  
2024-2025

**Candidate's Full Name** \_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Father's Full Name** \_\_\_\_\_ Religion \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Mother's Full Name** \_\_\_\_\_ Religion \_\_\_\_\_

Maiden Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Parish Information**

I/We are registered members of: \_\_\_\_\_ POP/SMW \_\_\_\_\_ Other Parish

If other, write the name of the current parish you are a registered member:  
\_\_\_\_\_

**Candidate's Baptismal Information**

Parents are responsible to provide a certified copy of your child's Baptismal Certificate *before Confirmation*. POP/SMW baptisms will have their record verified. A child baptized at another parish will require parents to provide a certified copy or request a certified copy be faxed to Prince of Peace at (231) 744-4859.

Date of Baptism Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Church of Baptism \_\_\_\_\_

\_\_\_\_\_ Baptism recorded at POP \_\_\_\_\_ I will provide a Certified Baptismal Certificate

**Candidate's First Eucharist Information**

Parents are responsible to provide a certified copy of your child's First Eucharist Certificate before Confirmation. POP/SMW First Eucharist will have their record verified. A child who received their First Eucharist at another parish will require parents to provide a certified copy or request a certified copy be faxed to Prince of Peace at (231) 744-4859.

Date of First Communion Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Church of First Communion \_\_\_\_\_

\_\_\_\_\_ First Communion recorded at POP \_\_\_\_\_ I will provide a Certified First Communion Certificate

I/We understand the importance of attending Mass weekly during our child's sacramental formation. One parent will attend all sacramental meetings and retreats. I/We understand the information provided on this form will be kept confidential, used only for Pastoral Care, and will not be shared with other organizations.

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parish Use:

Baptismal Certificate attached \_\_\_\_\_ POP Baptism recorded on page \_\_\_\_\_

First Eucharist Certificate attached \_\_\_\_\_ POP First Eucharist Recorded on Page \_\_\_\_\_