Confirmation Registration
St Gabriel Parish
2559 40th Avenue San Francisco, CA 94116 Phone: 415-731-6161 youthminister@sgparish.org

	FORMATION							
Last Name			First			M.I.	Date	
Street Address						Apartmer	nt/Unit #	
City			State			ZIP		
Home/Cell Phone			E-mail Ad	ddress				
Date of Birth:		Grade in Fall 2013:		·	School in Fall 2013:			
SACRAMENTAL INF I was baptized at St. (Please complete the	Gabriel Parish				tificate if not ba			l Parish.
Name of Church where	e the candidate	was baptized:						
Church Address:	Name and	Street						
	City		9	State			Zip	
I have made my First I	Reconciliation	YES □ NO □	Ιh	ave received	d my First Euchar	ist YES		D 🗆
(Confession)			I h		d my First Euchar nunion)	ist YES	□ NO	D 🗆
(Confession) ARENT INFORMA	TION (OR GI	UARDIAN)	I h	(Comr			□ NO	Catholic Y/N
(Confession) PARENT INFORMA ather's Full Name:	TION (OR GU	UARDIAN)	Midd	(<i>Comr</i>	nunion) Las	t		Catholic Y/N
(Confession) PARENT INFORMA ather's Full Name: lother's Maiden Name: MAIL ADDRESS:	TION (OR GU	UARDIAN)	Midd Midd	(<i>Comr</i>	Las LasHOME_PHOI	t t (Maiden) IE:		Catholic Y/N
(Confession) PARENT INFORMA ather's Full Name: lother's Maiden Name: MAIL ADDRESS:	TION (OR GU	UARDIAN)	Midd Midd	(<i>Comr</i>	Las LasHOME_PHOI	t t (Maiden) IE:		Catholic Y/N
(Confession) PARENT INFORMA eather's Full Name: other's Maiden Name: MAIL ADDRESS: Pleas	First First se provide an ema	UARDIAN)	Midd Midd	(<i>Comr</i>	Las LasHOME_PHOI	t t (Maiden) IE:		Catholic Y/N
(Confession) ARENT INFORMA Ather's Full Name: other's Maiden Name: Pleas PONSOR INFORM	First First se provide an ema	UARDIAN) t	Midd Midd	(<i>Comr</i>	Las Las Las HOME PHON iil will be the prima	t t (Maiden) IE:	of communic	Catholic Y/N
(Confession) PARENT INFORMA ather's Full Name: lother's Maiden Name: MAIL ADDRESS:	First First Se provide an ema	t til address for communic	Midd Midd	(Comr	Las Las HOME PHOI iil will be the primo	t t (Maiden) IE: ury method d	of communic	Catholic Y/N Catholic Y/N
(Confession) PARENT INFORMA eather's Full Name: lother's Maiden Name: MAIL ADDRESS: Pleas SPONSOR INFORM ponsor's Name:	First First se provide an ema	t til address for communic	Midd Midd	(Comr	Las Las Las HOME PHON iil will be the prima	t t (Maiden) IE: ury method d	of communic	Catholic Y/N
(Confession) PARENT INFORMA eather's Full Name: lother's Maiden Name: MAIL ADDRESS: Pleas SPONSOR INFORM ponsor's Name:	First First Se provide an ema	t til address for communic	Midd Midd	(Comr	Las Las HOME PHOI iil will be the primo	t t (Maiden) IE: ury method d	of communic	Catholic Y/N Catholic Y/N

IMPORTANT PREPARATION:

We encourage that both Parents and Sponsors attend the Orientation Session with the Confirmation Candidate on Tuesday October 15, 2013 at 7:00 PM in the St Gabriel School Multi-Purpose Hall. You will receive more information by mail.

Ма	ss Information
	Please check which mass your family usually attends at St. Gabriel Parish:
	5:00 PM Saturday 8:00 AM Sunday 10:00 AM Sunday 12:00 PM Sunday 5:30 PM Sunday We attend mass at another parish
Pai	I/We would be willing to Bring snacks & drinks to 1 or 2 sessions Drive or chaperone for events (such as: Walk for Life or NorCal OnFire, etc) Help with Youth Masses Speak at a session Help prepare for the retreat Offer additional support to Confirmation program
	r additional information about the candidate that may be helpful (ie. Health concerns, Allergies, Special needs/ Learning erences, etc.)
Offi	ice Use Only:
	\$155 Program Fee Check # Date Cash
-	Service Hours Completed