**APPLICATION FOR THE RECEPTION**

**of the**

***SACRAMENT OF CONFIRMATION***

***Celebrated on***

**Friday, April 6, 2018 at 7 PM**

Please print clearly and return the completed form to your PSR teacher, by Oct. 16, or **Dec. 4, 2017.**

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(Name: First, Middle, Last) Date of Birth

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Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code Contact Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Parish

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidates email address

**\**Note: If you are not a member of Guardian Angels Parish, you may not be confirmed here without******written permission from the Pastor of your Parish.*** *That permission is to be attached to this application.*

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Father’s Name (First, Last) Email address Contact Phone Number

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Mother’s Name (First, Last) Email address Contact Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Baptism Parish of Baptism

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Street Address of the Parish of Baptism City of Parish of Baptism State Zip Code

***\*Note: If you were not baptized at Guardian Angels Church, you must obtain a copy of your baptismal certificate to attach to this application.***

*Reverend James F. Kramer, Pastor*

*Deacon Robin Adair*

*Keith Kepes, PSR Coordinator*

*Larry Mino, 8th grade PSR Teacher*

*Guardian Angels Catholic Church*

*1676 S. Cleveland Massillon Road, Copley, OH 44321*

*Office Phone: 330-666-1373*