

**Parishes of the Wood River Valley - St. Charles of Borromeo**  
**Chosen Confirmation Program**  
**Confirmation Sacramental Record**

FULL BAPTISMAL NAME \_\_\_\_\_  
*First* *Middle* *Last*

MAILING ADDRESS \_\_\_\_\_  
*City* *State* *Zip*

PHYSICAL ADDRESS \_\_\_\_\_  
*City* *State* *Zip*

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_  
*Month* *Day* *Year*

CHURCH OF BAPTISM \_\_\_\_\_ DATE OF BAPTISM\*\* \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Month* *Day* *Year*

ADDRESS (of Church of Baptism) \_\_\_\_\_  
*City* *State* *Zip*

FULL NAME OF FATHER \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

FULL BIRTH NAME OF MOTHER \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

FAMILY PHYSICIAN'S NAME \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT'S NAME \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

NAME OF SPONSOR \_\_\_\_\_  
*First* *Middle* *Last*

CONFIRMATION SAINT NAME \_\_\_\_\_

**\*\*Please attach a copy of your teen's Baptism Certificate to this form**

**Permission Release (Please read and sign)**

I do hereby give permission for my teen to participate in Our Lady of the Snows Confirmation Preparation Program. I agree to hold the Diocese of Boise, Our Lady of the Snows parish, staff, and volunteers free from liability for any illness or injury that might be incurred by my teen during these events. Should any injury occur, I hereby give my permission for my teen to receive treatment from a physician to be selected by Our Lady of the Snows parish staff member if s/he is unable to reach me or my family physician. I understand that Our Lady of the Snows parish, staff, and volunteers are not responsible for my teen's transportation to and from Our Lady of the Snows Faith Formation events. Nor is Our Lady of the Snows parish, staff, or volunteers responsible for my teen should s/he leaves the immediate area where the event is taking place or choose to stay after an event has taken place. By registering my teen, I understand that I am still the primary religious educator for my teen. I agree that I will make sure my teen attends class regularly and on time. I will reinforce class lessons and keep in touch with the coordinator/core team to help all I can. I will live and practice my Catholic faith and be an excellent example for my teen to follow. I give Our Lady of the Snows permission to use any photographs of my teen for advertising purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Copy of Baptism Certificate \_\_\_\_\_ Recorded \_\_\_\_\_ Certificate Sent \_\_\_\_\_