



CONFIRMATION REGISTRATION FORM 2018-2019

GOOD SHEPHERD CATHOLIC CHURCH | FAITH FORMATION OFFICE

A: 12800 West 75th Street | Shawnee, KS 66216 | P: 913.563.5303 | E: mespino@gsshawnee.org

Welcome to those who seek the sacrament of confirmation

† *Confirmation welcomes us and deepens our belonging to the faith community*

† *Confirmation deepens our relationship with God & Strengthens us as disciples*

Family is registered with what Parish? : _____

Family attends what parish most often? : _____

CONFIRMATION CANDIDATE INFORMATION (Please print legibly and fill out ALL the information)

NAME: _____ **LAST NAME** _____

Preferred name on Confirmation Certificate: _____

Preferred Saint: _____

Birth Date: _____ **Gender: Male/Female (Circle) S M L XL 2X**

Address: _____
Number and Street City State Zip

Parent Name #1: _____ **Relationship to teen:** _____

Address: _____
Number and Street City State Zip

Parent Email: _____

Parent Name #2: _____ **Relationship to teen:** _____

Address: _____
Number and Street City State Zip

Parent Email: _____

Registration Forms and any other documents MUST be returned to:
Maritza Espino, Director of Faith Formation Programs
P: 913.563.5305 | E: mespino@gsshawnee.org
W: <https://www.gsshawnee.org/sacraments/confirmation>