



# Resurrection of Our Lord Roman Catholic Church

8402 Brock Bridge Road, Laurel Maryland 20724  
Phone: (410) 792-7982 Email: ROOL@archballt.org  
Website: www.roollaurel.org/confirmation

## Confirmation Registration

### Candidate Information (Please Print)

First Name:		Last Name:	
Address:			
City, State, ZIP			
Home Phone:		Cell phone:	
Email:		School/Grade:	
Date of Birth:		Age:	

### Parent or Guardian Information (Please Print)

Full Name		Relationship:	
Cell Phone:		Email:	
Full Name		Relationship:	
Cell Phone:		Email:	

### Sponsor Information (Please Print)

Name:	
Parish name and address:	

Sacraments Received. "YES" if received. "NO" if not yet received. *A copy of certificate is required.*

Baptism:		If YES, where and when:	
First Eucharist:		If YES, where and when:	

### Candidate Commitment

I will attend regular Sunday Masses and Holy Days of Obligation as well as frequenting the Sacraments of Confession and Eucharist if already received. I will be active in ROOL Youth Ministry whenever meetings and activities are held. I will attend Confirmation classes and retreat. I will engage my family, sponsor, and parish by sharing my faith, building friendships, and serving others.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, (Parent or Guardian's name) \_\_\_\_\_ will support the above commitment of my child and participate in the Sacrament preparation through attendance of Mass and other events for Confirmation.

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