

HOLY SPIRIT CATHOLIC CHURCH

CONFIRMATION II

Program Information & Requirements



Religious Education Office ♦ (559) 434-3522 ♦ religiouseducation@holyspiritfresno.org

INTRODUCTION

Confirmation deepens our baptismal life that calls us to be missionary witnesses of Jesus Christ in our families, neighborhoods, society, and the world. We receive the message of faith in a deeper and more intensive manner with great emphasis given to the person of Jesus Christ, who asked the Father to give the Holy Spirit to the Church for building up the community in loving service.

The Confirmation II (C2) program at Holy Spirit is a continuation of Confirmation I (C1) and is designed to help you form a deeper understanding of how the Holy Spirit works in your life and the life of the Church. You will learn how to make a difference in the world, as members of the Catholic Church, through opportunities to grow in faith, as well as connect with the larger community.

Candidates must be at least 16 years of age at the time s/he receives confirmation, regardless of grade in school.

CLASSES & ATTENDANCE POLICY

Classes will begin in September 2024. CII classes are held on Sunday afternoons from 1:00pm—2:00pm, **OR** evenings from 5:00pm—6:00pm, approximately 1-2 Sundays each month. **Attendance and participation is mandatory.** Students are expected to be at all classes. If you are ill, please contact the office before class so we can mark you absent and send the link to complete the work online. There will be a mandatory student orientation on Saturday, August 3, 2024. Please refer to the calendar for all class and event dates.

SPONSORS

Sponsors for Confirmation must be fully initiated into the Catholic Church via the Sacraments of Baptism, Eucharist and Confirmation, and if married, living in a sacramental marriage. The selection of a sponsor is to be based on appropriate lifestyle, participation in the Catholic Church, and the ability to provide the nurturing, supportive role of a sponsor. If possible, choose one of the baptismal sponsors (godparents) to serve as the confirmation sponsor, so as to emphasize the relationship between baptism and confirmation. (Canon 893, #2). **It is the Candidate's responsibility to meet with their Sponsor at least three (3) times during the year.** We have a mandatory Sponsor/Candidate meeting on Sunday, December 8th during the regular class time—1:00pm to 2:00pm or 5:00pm—6:00pm.

Sponsor forms should be completed and submitted to the office before classes begin

SERVICE HOURS

Candidates are required to turn in community service hours. Only service hours from Holy Spirit and recognized charities and organizations will be accepted. Your service hours need to be verified via email, as per the instructions given using the MobileServe app. Details on how to use the app will be given out separately from this packet. There are many opportunities available through our parish, as well as the community. Some examples include:

- Food Bank/
Soup Kitchens
- Teen Mass (readers, etc)
- Parish Events (set-up/
clean-up)
- Catechism Assistance
- Right to Life
- Liturgy of the Word
- Catholic Charities
- RE Office Assistance
- Boys & Girls Club
- Confirmation Class Set-up
- Lenten Dinners

Service Hour submissions are due before February 2, 2025. Paper sheets will not be accepted.

LETTER OF INTENT (LOI)

Candidates in Year 2 are required to write a letter to Msgr. McCormick giving their reasons for wanting to receive the Sacrament of Confirmation. The letter introduces the candidate to Msgr. McCormick. It should give your personal feelings concerning the sacrament, the Church, and your faith life. The letter can include how you have prepared, your sponsor choice, and why and how you plan to share your gifts with the Church, family and community. Your letter should be no longer than 2 paragraphs. LOIs will be written on the 1st day of class. Please come prepared to write this letter.

Letters of Intent are due by the close of class on September 15, 2024.

SAINT NAME & PROJECT

Each candidate is required to choose a Saint Name and complete a project on that same Saint. Teens are encouraged to prayerfully consider the lives of the Saints and choose one who inspires them, or has special meaning to them. This project can be done in many formats, as long as students present their Saint clearly and thoroughly. Examples include, but are not limited to: a written report, drawing, painting, poem, song, art piece, video, power point, etc. Be creative. No plagiarizing.

Your Saint Name & Project is to be submitted by the date specified by the CII instructors.

MASS & RECONCILIATION

Weekly Mass attendance is required, and regular confession is strongly encouraged. Holy Spirit will offer Reconciliation times for the Teens during some of the Confirmation events. Teens, and their sponsors, should make a confession prior to their Confirmation. For weekly confession and Mass times, check the parish website and bulletin at holyspiritfresno.org/.

HOLY HOUR

Holy Spirit will hold a Holy Hour once per month on Wednesday evenings. We invite all Confirmation students and their families to attend. Attendance is expected. This is an important part of your Confirmation preparation. Non-attendance could impact your readiness to receive the Sacrament.

CONFERENCES & RETREATS

Students in the Confirmation program are required to attend at least one retreat over the course of the 2 years of prep. Students who do not attend the CI retreat **must** attend the CII retreat in order to be confirmed.

In addition, Holy Spirit may host a one-day youth conference. Attendance is strongly recommended, but it is mandatory to attend one of them. Dates and additional details will be provided once the program begins.

YOUTH GROUP

Holy Spirit's High School Youth Group meets once per month for fellowship, food and fun. Every month has a theme, new activity, and the opportunity to meet new people. Youth Group events are generally held every 3rd Wednesday of the month at 6:30pm. Exact dates and themes are included on the Youth Group calendar. Youth Group is separate from Confirmation. If you are interested in joining the Youth Group, please contact Religious Education for registration forms and a calendar of events. There is a small fee to offset the cost of some of the activities and snacks or meals.

We encourage all of our Confirmation students to join the high school Youth Group.

REGISTRATION

Registration Forms include (all mandatory before entering the program):

- Registration Form
- Annual Code of Conduct, R14/R15
- Annual Youth Authorization, R22, 2 part
- Event-Photography Release Authorization, R-30
- \$150 Payment—cash, check or online at holyspiritfresno.org/ (“Online Giving”)
- Sponsor Information Form
- Photo of your teen (for filing, reference purposes only)

All forms and payment due at the time of Registration. Students will not be admitted to the program until all registration paperwork and payment has been submitted. Late entries will be taken on a case-by-case basis and are not guaranteed. We reserve the right to refuse registration if all paperwork is not received at the time registration.

QUESTIONS?

We look forward to welcoming you to Confirmation II at Holy Spirit Church. If you have any questions about the program, please contact us:

Kate Mallam, DRE

T: (559) 434-3522

E: religiouseducation@holyspiritfresno.org



TEEN CONFIRMATION REGISTRATION FORM – Year 2 (CII)

2024 – 2025

| CANDIDATE INFORMATION | | | | | |
|---|--|------------------|----------------------|----------------|--|
| Candidate Full Name | | | | | |
| Candidate's Cell* | | Candidate Email* | | | |
| Address | | | | | |
| City | | State | | Zip Code | |
| Date of Birth | | Age | | Place of Birth | |
| Grade in Fall (202 [□]) | | School Attending | | | |
| PARENT INFORMATION | | | | | |
| Mother's Name | | | Mother's Maiden Name | | |
| Mother's Cell* | | Mother's Email* | | | |
| Father's Name | | | | | |
| Father's Cell* | | Father's Email* | | | |
| EMERGENCY CONTACT (Other than parents listed above) | | | | | |
| Name | | Phone # | | | |
| Name | | Phone # | | | |

**Holy Spirit Church uses Flocknote to communicate with parents & teens. Your email and phone number will be added by the Religious Education Department. Please do not opt out of these communications.*

I have read and agree to the requirements outlined in the CII Teen Confirmation Program Packet regarding attendance for class, conferences and retreats, mandatory forms/certificates, payment, and service hour requirements. I understand that I/my child must meet at least the minimum requirements before being confirmed.

PARENT SIGNATURE _____ **Date** _____

CANDIDATE SIGNATURE _____ **Date** _____

Diocese of Fresno (DOF) and Entities of the Diocese of Fresno: Code of Conduct Agreement for Participants under the age of 18 and Non Participating Parents or Guardians

| | | | |
|---------------------------------|--|----------------------|---------------------------|
| NAME OF PARISH OR SCHOOL | Holy Spirit Church, Fresno | NAME OF GROUP | Teen Confirmation Program |
| NAME OF EVENT | 2024-2025 Parish / School <i>(Use Event Form for Individual Activities or Events)</i> | | |

In order to participate in any youth activities sponsored by DOF, all youth participants, under the age of 18, and a parent or legal guardian must sign that they have read and agree to the following:

PARTICIPANT AGREEMENT (under the age of 18):

I agree to politely obey the requests and directions of the adult leaders.

I agree to stay with my assigned group or buddy at all times.

I agree to participate in the approved activities at all times.

I agree to dress appropriately at all times.

If the event involves an overnight stay, I agree to stay in my assigned room and observe the bedtime and quiet hours schedule until group activities begin the next day unless otherwise directed by an adult leader.

I agree to be on time to activities and will observe all check-in rules.

I agree to treat others with respect and will not engage in behavior that reflects poorly on me or the group which includes, but not limited to: stealing, swearing, fighting, being physically or verbally abusive, being dishonest, damaging property, threatening others, or engaging in disruptive behavior.

I agree not to participate in hazing, teasing, bullying, or similar activities.

I agree not to engage in any illegal activities including, but not limited to: smoking, using drugs, gambling, possession of tobacco, drugs, or any weapons.

As a participant, I will take responsibility for my actions and understand that I will be sent home if I do not comply with this Code of Conduct to the satisfaction of the adult leaders.

| | |
|----------------------------------|---------------------------------|
| PRINT NAME OF PARTICIPANT | SIGNATURE OF PARTICIPANT |
|----------------------------------|---------------------------------|

PARENT / GUARDIAN AGREEMENT (requires signature and all contact information)

I have reviewed the Code of Conduct with my child. He or she understands that the Code of Conduct and promises to comply with the demands in order to participate.

If my child does not comply with this Code of Conduct to the satisfaction of the adult leaders, I agree to immediately retrieve my child from the activity or event, at my own expense.

| | |
|--|---------------------------------------|
| PRINT NAME OF PARENT / GUARDIAN | SIGNATURE OF PARENT / GUARDIAN |
| HOME PHONE NUMBER | WORK PHONE NUMBER |
| CELLULAR NUMBER | OTHER MEANS OF CONTACT |

Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno: Permission for a Minor to Participate in a DOF Activities, Release of Liability, and Consent for Emergency Medical Treatment

Parent / Guardian: In order for your child to attend and/or participate in DOF sponsored events, activities, or sports during this calendar year, you must give your signed permission by completing this ANNUAL form. In addition to this form, you will also be required to sign permission PR21 Event Forms for you child to participate in specific DOF sponsored events, activities and sports conducted off parish grounds

| | |
|--|--|
| NAME OF PARISH OR SCHOOL Holy Spirit Church, Fresno | NAME OF GROUP Teen Confirmation Program |
|--|--|

I, the undersigned parent or legal guardian, voluntarily wish to give permission for and request that my child be allowed to attend and participate in DOF-sponsored events and activities during this calendar year including those conducted off parish grounds. My child is physically fit and capable of participating in DOF events and activities. I have informed my child to cooperate and conform with the rules, guidelines, and instructions given by DOF personnel or agents, or chaperones, or responsible for DOF events and activities. If requested, I will sign a permission and release PR20 Form for each specific event or activity conducted off DOF grounds. I reserve the right to disallow my child to participate in DOF -sponsored events by notifying the leader in writing.

I understand that participation in this activity involves some risk (including any travel to and from this activity) and that unforeseen occurrences can arise. I am informed and agree that transportation, if involved, may be provided by volunteers, parents, private individuals, or approved commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the Diocese of Fresno.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against DOF. I release and discharge the DOF from all liability or responsibility for death, illness, personal injury, or property damage arising out of DOF activity and any transportation involved with the DOF activities.

In the event of an emergency and if the DOF is unable to contact me, I authorize the DOF personal or other adult leadership of a parish-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the DOF will not be responsible to pay for any medical or dental expenses. A copy or digital image of this form shall be valid as the original and may be given to the adult leader of parish-sponsored activities.

This permission, waiver, release, and consent applies to the DOF named, including but not limited to the Diocese of Fresno Education Corporation; the Roman Catholic Bishop of Fresno (a corporate sole); the Diocese of Fresno; other Fresno Diocesan Parishes and Schools; affiliated organizations and officers; clergy; agents; and employees.

This waiver and release form is signed in order for my child to participate in the DOF -sponsored events and activities for my child's own personal enjoyment and benefit and is done so freely with the knowledge of the risk and dangers that are or may be involved.

I authorize any hospital which has provided treatment to the named participant pursuant to the provisions of Family code section 6910 to surrender physical custody of such minor to the DOF representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in DOF -sponsored events and activities. I execute this form voluntarily and with full knowledge of its significance. I have discussed the above with my child, and my child is aware of and understands the importance of following all rules set out for these events, activities, or sports. A copy or digital image of this form shall be as valid as the original authorization and may be given to the adult leader of the events, activities, or sports.

| | |
|--|---|
| PRINT NAME OF PARTICIPANT | DATE |
| PRINT NAME OF PARENT / LEGAL GUARDIAN | SIGNATURE OF PARENT / LEGAL GUARDIAN |

Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno : Permission for a Minor to Participate in DOF Activities, Release of Liability, and Consent for Emergency Medical Treatment

The following information is provided for the benefit of the parish in case of an emergency.

| | | | |
|---|--|--|--|
| PRINT NAME OF PARTICIPANT | | DATE OF BIRTH | |
| PRINT NAME OF PARENT / LEGAL GUARDIAN | | PAGER / CELLULAR TELEPHONE NUMBER | |
| DAYTIME TELEPHONE | <input type="checkbox"/> HOME <input type="checkbox"/> WORK | EVENING TELEPHONE | <input type="checkbox"/> HOME <input type="checkbox"/> WORK |
| EMERGENCY CONTACT (OTHER THAN PARENT / GUARDIAN) | | | RELATIONSHIP |
| EMERGENCY CONTACT DAYTIME TELEPHONE | <input type="checkbox"/> HOME <input type="checkbox"/> WORK | EMERGENCY CONTACT EVENING TELEPHONE | <input type="checkbox"/> HOME <input type="checkbox"/> WORK |
| ALLERGIES (FOODS, DRUGS, INSECTS, ETC.) | | | |
| MEDICATIONS (NAME, DOSAGE, TREATMENT) | | | |
| IF ANY MEDICATION IS LISTED: FORMS R18 OR R19 MUST BE COMPLETED AND ATTACHED | | | |
| OTHER INFORMATION | | | |

| DOCTOR S / MEDICAL GROUP INFORMATION |
|---|
| FAMILY DOCTOR OR MEDICAL GROUP |
| DOCTOR'S TELEPHONE |
| <input type="checkbox"/> No Family Physician Listed |
| DENTIST'S NAME OR MEDICAL GROUP |
| DENTIST'S NAME TELEPHONE |
| ORTHODONTIST'S NAME OR MEDICAL GROUP |
| ORTHODONTIST'S NAME TELEPHONE |

| INSURANCE INFORMATION |
|--|
| INSURANCE COMPANY |
| POLICY HOLDER'S NAME |
| INSURANCE GROUP OR ID NUMBER |
| <input type="checkbox"/> No insurance Listed |
| DATE RECEIVED AND BY |

EVENT - PHOTOGRAPHY RELEASE AUTHORIZATION

R-30

Release for Diocesan Production for the Diocese of Fresno (DOF) and all Entities for the Diocese of Fresno (DOF)

Parents / Guardians: This form must be completed in order for your child to participate in this event or function. Please respond accordingly to the authorized use of your child's photograph or video image in a DOF produced public-relations document.

| | |
|--|--|
| NAME OF PARISH OR SCHOOL Holy Spirit Church, Fresno | NAME OF GROUP Teen Confirmation Program |
| NAME OF EVENT | DATE OF EVENT |

PARTICIPANT AGREEMENT:

I hereby grant the Diocese of Fresno and its entities (hereinafter called Producer), their nominees, designees, and successors full authorization and the absolute right and permission to sell, assign, convey, reproduce, copyright, use or publish photographic reproductions, portraits, or pictures of me, motion picture or video tape pictures of me, or in which I may be included in whole, in part, or in composite, or in which character or form is distorted, in conjunction with my own or any other picture, product, person, name or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade, or any other lawful purpose whatsoever.

I hereby waive any right I may have to inspect or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless PRODUCER, its nominees, designees, or successors, and assignees or others for whom they are acting from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, or from any change that may occur or be produced in the taking of said picture or pictures, or any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for its purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

| | |
|---------------------------|--------------------------|
| PRINT NAME OF PARTICIPANT | SIGNATURE OF PARTICIPANT |
| ADDRESS | |
| TELEPHONE | EMAIL |

PARENT / GUARDIAN AUTHORIZATION FOR A MINOR

If the participant is under 18 years of age, the parent or legal guardian of the above participant must provide the following information and must check one of the following and sign.

- As the parent and/or legal guardian of the above named participant, **I do hereby consent and grant my permission** to all of the foregoing.
- As the parent and/or legal guardian of the above named participant, **I do not give my consent** for my child to be photographed, but I understand that it will be the responsibility of the participant to make every effort possible from participating in any posed pictures. If a picture or pictures are inadvertently taken, then I agree to review the photographs or video within the given time frame in order to identify my child to avoid any reproduction or usage of that image and/or images.

| | |
|-------------------------------------|--------------------------------|
| PRINT NAME OF PARENT / GUARDIAN | SIGNATURE OF PARENT / GUARDIAN |
| SIGNATURE OF WITNESS KATE MALLAM | DATE |

HOLY SPIRIT CHURCH
Confirmation Student Parent Calendar
2024-2025

| | DATE | GROUP | EVENT | TIME | PLACE |
|----------------------------|------------------------|--|-------------|--|----------------------------|
| AUG | Saturday 08/3/2024 | CI & CII Orientation (MANDATORY) | Orientation | 10:00AM-2:00PM | HOLY SPIRIT CHURCH/HALL |
| | Saturday 08/31/2024 | Speaker Event | Event | 9:00AM-5:00PM | HOLY SPIRIT CHURCH/HALL |
| S E P T | Sunday 9/15/2024 | Confirmation II | CLASS | Group A: 1:00-2:00PM Group B: 5:00-6:00PM | HOLY SPIRIT LOGAN HALL |
| | Sunday 9/15/2024 | Confirmation I | CLASS | 6:30-7:30PM | HOLY SPIRIT LOGAN HALL |
| | Sunday 9/29/2024 | Confirmation II | CLASS | Group A: 1:00-2:00PM Group B: 5:00-6:00PM | HOLY SPIRIT LOGAN HALL |
| | Sunday 9/29/2024 | Confirmation II PARENT MEETING | CLASS | 5:00-6:00PM | HOLY SPIRIT CHURCH |
| | Sunday 9/29/2024 | Confirmation I | CLASS | 6:30-7:30PM | HOLY SPIRIT LOGAN HALL |
| | Sunday 9/29/2024 | Confirmation I PARENT MEETING | CLASS | 6:30-7:30PM | HOLY SPIRIT CHURCH |
| O C T | Wednesday 10/2/2024 | ALL: HOLY HOUR | Adoration | 6:30PM | HOLY SPIRIT CHURCH |
| | Sunday 10/6/2024 | Confirmation II | CLASS | Group A: 1:00-2:00PM Group B: 5:00-6:00PM | HOLY SPIRIT LOGAN HALL |
| | Sunday 10/6/2024 | Confirmation I | CLASS | 6:30-7:30PM | HOLY SPIRIT LOGAN HALL |
| | Sunday 10/20/2024 | PARENT Meeting, Safe Environment (MANDATORY) | Meeting | 11:00AM or 12:30PM | HOLY SPIRIT LOGAN HALL |
| N O V | Friday 11/1/2024 | ALL: HOLY DAY OF OBLIGATION (MANDATORY) | MASS | TBD | HOLY SPIRIT CHURCH |
| | Sunday 11/17/2024 | Confirmation II | CLASS | Group A: 1:00-2:00PM Group B: 5:00-6:00PM | HOLY SPIRIT LOGAN HALL |
| | Sunday 11/17/2024 | Confirmation I | CLASS | 6:30-7:30PM | HOLY SPIRIT LOGAN HALL |
| D E C | Saturday 12/7/24 | CI Day Retreat | Retreat | 8:00A-4:00PM | HOLY SPIRIT CHURCH/HALL |
| | Sunday 12/8/2024 | Confirmation II Meeting: Sponsor, Parent, Student (MANDATORY) | Meeting | Group A: 1:00-2:00PM Group B: 5:00-6:00PM | HOLY SPIRIT LOGAN HALL |
| | Sunday 12/8/2024 | Confirmation I | CLASS | 6:30-7:30PM | HOLY SPIRIT LOGAN HALL |
| | Sunday 12/15/2024 | Confirmation II | CLASS | Group A: 1:00-2:00PM Group B: 5:00-6:00PM | HOLY SPIRIT LOGAN HALL |
| | Sunday 12/15/2024 | Confirmation I | CLASS | 6:30-7:30PM | HOLY SPIRIT LOGAN HALL |

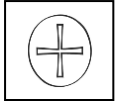
HOLY SPIRIT CHURCH
Confirmation Student Parent Calendar
2024-2025

| | DATE | GROUP | EVENT | TIME | PLACE |
|----------------------|-----------------------|--------------------------------|-----------|--|---------------------------|
| J A N | Sunday 1/5/2025 | Confirmation II | CLASS | Group A: 1:00-2:00PM Group B: 5:00-6:00PM | HOLY SPIRIT LOGAN HALL |
| | Sunday 1/5/2025 | Confirmation I | CLASS | 6:30-7:30PM | HOLY SPIRIT LOGAN HALL |
| | Wednesday 1/8/2025 | ALL: HOLY HOUR | Adoration | 6:30PM | HOLY SPIRIT CHURCH |
| | Sunday 1/26/2025 | Confirmation II | CLASS | Group A: 1:00-2:00PM Group B: 5:00-6:00PM | HOLY SPIRIT LOGAN HALL |
| | Sunday 1/26/2025 | Confirmation II PARENT Meeting | Meeting | 5:00-6:00PM | HOLY SPIRIT CHURCH |
| | Sunday 1/26/2025 | Confirmation I | CLASS | 6:30-7:30PM | HOLY SPIRIT LOGAN HALL |
| | Sunday 1/26/2025 | Confirmation I PARENT Meeting | Meeting | 6:30-7:30PM | HOLY SPIRIT CHURCH |

| | | | | | |
|----------------------|-----------------------|---|-----------|--|---------------------------|
| F E B | Saturday 2/1/2025 | Confirmation II Retreat | Retreat | 9:00-5:00PM | HOLY SPIRIT CHURCH |
| | Sunday 2/2/2025 | Confirmation II | CLASS | Group A: 1:00-2:00PM Group B: 5:00-6:00PM | HOLY SPIRIT LOGAN HALL |
| | Sunday 2/2/2025 | Confirmation II PARENT Meeting | Meeting | 5:00-6:00PM | HOLY SPIRIT CHURCH |
| | Sunday 2/2/2025 | Confirmation I | CLASS | 6:30-7:30PM | HOLY SPIRIT LOGAN HALL |
| | Sunday 2/2/2025 | Confirmation I PARENT Meeting | Meeting | 6:30-7:30PM | HOLY SPIRIT CHURCH |
| | Wednesday 2/5/2025 | ALL: HOLY HOUR | Adoration | 6:30PM | HOLY SPIRIT CHURCH |
| | Sunday 2/23/2025 | Confirmation II | CLASS | Group A: 1:00-2:00PM Group B: 5:00-6:00PM | HOLY SPIRIT LOGAN HALL |
| | Sunday 2/23/2025 | Confirmation I | CLASS | 6:30-7:30PM | HOLY SPIRIT LOGAN HALL |
| | Friday 2/28/2025 | CII: Confirmation Practice (Mandatory) Sponsors Included | PRACTICE | 6:00PM | HOLY SPIRIT CHURCH |

| | | | | | |
|----------------------|------------------------|---------------------------------------|----------|-------------|---------------------------|
| M A R | Saturday 3/1/2025 | CII: CONFIRMATION DAY CEREMONY | CEREMONY | 6:00PM | HOLY SPIRIT CHURCH |
| | Wednesday 03/5/2025 | ALL: ASH WEDNESDAY SERVICE | MASS | 6:30PM | HOLY SPIRIT CHURCH |
| | Sunday 3/16/2025 | Confirmation I | CLASS | 6:30-7:30PM | HOLY SPIRIT LOGAN HALL |

* Date subject to change



SPONSOR Registration Form

Date _____

A Sponsor plays a very important role in the journey of someone preparing to make the Sacraments of Baptism and or Confirmation. A Sponsor/Godparent is a practicing Catholic who commits himself or herself to travel the journey of faith with the Candidate/Catechumen, as this person discerns (figures out) God's call and his/her response in faith. Communicating on a regular basis is an important part of being a Sponsor/Godparent.

Name (please print) _____

Address _____
Street/Apt No. City State ZIP

Home Phone: _____ Best time to phone _____

Work Phone: _____ I can cannot be reached at work.

E-Mail Address: _____

I am sponsoring: Name _____

Your relationship to Candidate/Catechumen _____

(A parent cannot sponsor the Candidate/Catechumen)

I will be a sponsor to anyone who needs me.

I am a registered member of this parish.

I am Catholic and have received the Sacraments of Baptism, Confirmation and Eucharist

YES NO

Please check ALL statements that apply to you:

I have never been married.

I am widowed.

I am divorced, but not remarried.

I am divorced and currently married.

I am currently married and my spouse has no prior marriages or has received an annulment.

I am currently married and my spouse has a prior marriage(s) and has not received an annulment.

I have a previous marriage(s) and have received an annulment.

I have a previous marriage(s), and have not received an annulment.

My spouse and I were married in the Catholic Church or had our marriage validated in the Catholic Church.

Thank You for Being a Sponsor