



August 12, 2011

Dear Parents of Prospective Confirmation Candidates,

On behalf of the parish community, it is my privilege to invite you and your family to participate in this year's Confirmation Preparation Program.

It has been the custom of Immaculate Conception to prepare students at the 8th grade level for the celebration of the Sacrament of Confirmation. The eligible Confirmation candidate will have received the sacraments of Baptism, Reconciliation, and Eucharist and be a practicing Catholic who regularly attends Mass on Sundays and Holy Days of Obligation. In addition, the Archdiocese requires that students receive catechetical instruction for a minimum of one year immediately prior to entrance into the Confirmation preparation process. A student may wish to delay the reception of this sacrament to a later time if he/she is not prepared to make a mature commitment to his/her faith.

Enclosed you will find a Candidate Application Packet. Please complete the Application Form, sign the requirements sheet and return it to the Parish Office along with a copy of your child's baptism certificate (*unless Baptized at Immaculate Conception*), Permission Slips, and the registration fee of \$140.00. Your child's retreat choice will not be considered until the entire packet is completed and returned. Retreat choices will be honored in the order in which completed applications are received.

There will be a **Candidate/Parent Orientation Meeting on Sunday, October 9, 2011 at 6:45 pm** in the TC Auditorium. Please make plans to attend as this is a mandatory meeting for candidates and their parents to learn about the process to prepare for the Sacrament of Confirmation. The attached Confirmation Application Packet is also due at this time.

On behalf of the Confirmation Preparation Team, we look forward to working with your family on this journey of sacramental preparation and full initiation in the Catholic Church!

Peace and God's good blessings,

Glenda Sorteberg  
Director of Religious Education



## **Confirmation Preparation Application Packet 2011-2012**

Name of Candidate: \_\_\_\_\_

### **Policy for Acceptance into The Confirmation Preparation Program**

#### **PRE-CONFIRMATION FAITH FORMATION**

*“A minimum of one year’s attendance in the regular parish religious education program or parochial school is required immediately prior to the year in which the candidate is accepted into the program of immediate preparation for Confirmation.”*  
“Seal of the Spirit,” Archdiocese of Baltimore, p. 7

Additionally, candidates must meet one or more of the following criteria to participate in the Confirmation Preparation Program at the Church of the Immaculate Conception:

- Family must be registered, active, regularly contributing parishioners of Immaculate Conception Church; and
- Candidate is currently an enrolled, participating student at Immaculate Conception School; or
- Candidate is currently an enrolled, participating student in the IC School of Religion.

#### **All of the following must be submitted to the Parish Office by October 9, 2011**

NOTE: *Candidate’s Retreat Choice will NOT be considered until all of these are submitted.*  
*Retreat choices will be honored in the order completed applications are received.*

- Candidate Application to Receive the Sacrament of Confirmation**
- Copy of Candidate’s Baptismal Certificate**  
*(unless baptized at Immaculate Conception)*
- Registration Fee of \$140.00** (registered, active parishioners)  
*(Checks may be made payable to Church of the Immaculate Conception)*
- Permission Form & Release for Confirmation Retreat and Pilgrimage**
- Sponsor Choice Form** *(completed by Candidate)*

Please return the above items to:  
Glenda Sorteberg, Director of Religious Education  
[gsorteberg@theimmaculate.org](mailto:gsorteberg@theimmaculate.org) or 410-427-4726  
Church of the Immaculate Conception  
200 Ware Avenue, Towson, MD 21204



# Confirmation Candidate's Application for the THE SACRAMENT OF CONFIRMATION

**PRE-CONFIRMATION FAITH FORMATION:** "A minimum of one year's attendance in the regular parish religious education program or parochial school is required immediately prior to the year in which the candidate is accepted into the program of immediate preparation for Confirmation." "Seal of the Spirit," Archdiocese of Baltimore, p. 7

**Catholic Religious Education Program or Catholic School attended in 2010-2011:** \_\_\_\_\_

Candidate's **Full** Name: \_\_\_\_\_ (First, Middle, Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: Home: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F

Current School: \_\_\_\_\_

Father's Name: \_\_\_\_\_ (First, Middle, Last)

Address (if different from Candidate) \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ (First, Maiden, Last)

Address (if different from Candidate) \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Candidate lives with: \_\_\_ Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian

Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_

Church of Baptism (include full mailing address)\* \_\_\_\_\_

\* A copy of your Baptismal Certificate **MUST** accompany this form unless Baptized at Immaculate Conception, Towson

Date and Place of First Eucharist: \_\_\_\_\_

Date and Place of First Reconciliation: \_\_\_\_\_

Do you attend Sunday Mass on a weekly basis as well as holy days of obligation? \_\_\_\_\_

**THIS FORM IS DUE BY October 2, 2011 with the registration fee of \$140.00. Checks may be made payable to Church of the Immaculate Conception.**

.....  
FOR OFFICE USE ONLY

Date Rec'd: \_\_\_\_\_ Time Rec'd: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Ch #: \_\_\_\_\_

# Immaculate Conception Parish Confirmation Preparation Process

## What is Confirmation?

Confirmation increases and deepens the grace first received at Baptism. It is the third Sacrament of Initiation following Baptism and Eucharist. Confirmation is the special outpouring of the Holy Spirit. Its effects are to:

- Root us more deeply in divine affiliation (being children of God)
- Unites us more firmly to Christ
- Increases the gifts of the Holy Spirit in us
- Strengthens our bond with the Church
- Associates us more closely to her mission of bearing witness to Christ
- Helps us, and more strictly obliges us, to spread and to witness the faith by word and deed

A generation ago, we said that confirmed Catholics were "soldiers of Christ." This indicates Confirmation's effects: it configures us for a full & active mission of service to Christ.

## Confirmation Preparation has Two Stages:

Remote Preparation: The year of religious education prior to immediate preparation received through either parochial school or parish religious education program.

Immediate Preparation: The brief program focused on the sacrament's meaning and ritual which provides formation for full, conscious, and active participation in the Rite of Confirmation.

## Candidate Preparation Requirements:

Every candidate is required to participate in **ALL** of the following:

- |  |  |
|--|--|
| ▪ Application Packet Completed             | ▪ Novena to Our Lady of the Miraculous Medal |
| ▪ Sponsor Packet Completed                 | ▪ In-Parish Service/Ministry Outreach        |
| ▪ Attend Mass every Sunday                 | ▪ Confirmation Saint Project                 |
| ▪ Parent/Candidate Orientation             | ▪ Confirmation Pilgrimage                    |
| ▪ Rite of Welcoming Mass                   | ▪ Pastoral Interview                         |
| ▪ Overnight Retreat                        | ▪ Letter to Bishop                           |
| ▪ Attend all six (6) Preparation Workshops |  |

**My 1<sup>st</sup> Choice for attending the Confirmation Retreat is** *(please check one):*

           **Jan. 21-22, 2012**                 **January 28-29, 2012**

**I understand that these will be assigned in the order in which completed applications are received and that my first choice is not guaranteed. No more than half of the Candidates will be allowed to participate in each retreat. Parents/sponsors who chaperone the retreat will be given first choice of which retreat their Candidate will attend.**

I understand the requirements to receive the Sacrament of Confirmation, and I will put forth my best efforts in completing these requirements.

**Candidate's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand the requirements for my son/daughter to receive the Sacrament of Confirmation, and I will do my best to assist my child in completing them.

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



## **CHOOSING A CONFIRMATION SPONSOR** **(To be completed by Confirmation Candidate)** **Due no later than October 9, 2011**

### **ROLE OF THE SPONSOR**

The role of the sponsor is to walk spiritually with the Candidate during the preparation for the sacrament.

- A sponsor shows the reality of living as a Christian on a daily basis and will provide support by drawing on her/his own experience.
- A sponsor assists the Candidate in becoming a fuller witness and disciple of Jesus.
- A sponsor represents the community by presenting his/her Candidate to the bishop during the sacramental celebration.

### **QUALITIES OF THE SPONSOR** “Seal of the Spirit,” Archdiocese of Baltimore, p. 10

Pastors will see the sponsors, chosen by the candidate and their families, are spiritually fit to take on this responsibility and have these qualities:

- Sufficient maturity to fulfill their function
- Have completed the sixteenth year unless it seems to the pastor that an exception is to be made for a just cause,
- Membership in the Catholic Church and their own reception of Christian initiation through Baptism, Confirmation, and Eucharist (must be a confirmed Catholic)
- Leads a life in harmony with the faith and the role to be undertaken
- Freedom from any impediment of law to their fulfilling the office of sponsor.

***“Parents may not act as sponsors. If the sponsor cannot be present a proxy may be designated. The proxy must have the same qualifications of the sponsor.”*** “Seal of the Spirit,” Archdiocese of Baltimore, p. 10. Parents should provide assistance to the candidate with sponsor selection.

### **GENERAL RESPONSIBILITIES OF THE SPONSOR FOR CONFIRMATION PREPARATION**

- Complete and return a Sponsor Registration Form by **January 31, 2012** to Glenda Sorteberg, DRE. This form is available at [www.theimmaculate.org](http://www.theimmaculate.org)→Church→Sacramental Life→Confirmation.
- Provide a **Letter of Permission** to be a sponsor from sponsor’s parish of record by **January 31, 2012**.
- Sponsors are welcome to attend and participate in any of the preparation activities.
- Communicate regularly with Candidate throughout the preparation process.
- Attend the Confirmation Rehearsal on **Monday, May 7, 2012** at 7:00pm.
- Attend the Confirmation Mass on **Tuesday, May 8, 2012** at 7:00pm.

Name of Confirmation Candidate: \_\_\_\_\_

## CONFIRMATION SPONSOR CHOICE FORM

Using the preceding guidelines, I have asked the person listed below to be my Sponsor:

Sponsor's Full Name: \_\_\_\_\_

Sponsor's Complete Address: \_\_\_\_\_

Sponsor's Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Sponsor's Parish and Parish Address: \_\_\_\_\_

\_\_\_\_\_

**I have chosen this person to be my sponsor because he/she possesses the following qualities that make him/her an example for me as I prepare to successfully live out my Catholic faith:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please answer the questions below: (all answers must be "Yes" in order for an individual to be eligible to sponsor a Confirmation Candidate.

**This individual is a fully initiated Catholic:**

\_\_\_\_\_ He/she is not my parent.

\_\_\_\_\_ He/she is at least 16 years old.

\_\_\_\_\_ He/she is a fully initiated member of the Catholic Church who has received the Sacraments of Baptism, Eucharist, and Confirmation.

**This individual is a practicing Catholic:**

\_\_\_\_\_ He/she attends Sunday Mass on a weekly basis as well as on Holy Days of Obligation.

My sponsor's current parish is: \_\_\_\_\_ (Name of Parish)

\_\_\_\_\_ (Address of Parish)

\_\_\_\_\_ (Name of Pastor)

\_\_\_\_\_ (if applicable) This individual's marriage was celebrated in the Catholic Church or with the permission of the Catholic Church.

\_\_\_\_\_  
Confirmation Candidate's Signature

\_\_\_\_\_  
Date

**ARCHDIOCESE OF BALTIMORE  
DIVISION OF YOUTH & YOUNG ADULT MINISTRY**

**PERMISSION FORM AND RELEASE**

Youth Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other number where Parent can be reached: \_\_\_\_\_

Address City/State/Zip: \_\_\_\_\_

Social Security Number of Young Person \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male Female (please circle)

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the youth ministry/campus ministry group of their parish/school to:

**IMMACULATE CONCEPTION CHURCH, TOWSON, MD  
CONFIRMATION Pilgrimage - Each Candidate MUST attend with an adult**

**Spring 2012 - Date and Time TBD**

St. Mary's Seminary  
5400 Roland Avenue, Baltimore, MD 21210

I/we acknowledge receipt of the attached information sheet describing the planned activities.

In consideration of the opportunity for my son/daughter to participate in the program, I agree to **RELEASE AND HOLD HARMLESS AND INDEMNIFY** the Church of the Immaculate Conception, the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporation Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following:)

I am covered by hospitalization and medical insurance under policy # \_\_\_\_\_ issued by \_\_\_\_\_.

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter (Check all that apply:)

Tylenol  Benadryl  Advil  Sudafed  Midol  Kaopectate  Neosporin  Pepto Bismol

ADD any other medical information concerning medication, allergies, illness, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADD any dietary restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Division in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Child's Name

**ARCHDIOCESE OF BALTIMORE  
DIVISION OF YOUTH & YOUNG ADULT MINISTRY**

**PERMISSION FORM AND RELEASE**

Youth Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other number where Parent can be reached: \_\_\_\_\_

Address City/State/Zip: \_\_\_\_\_

Social Security Number of Young Person \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male Female (please circle)

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the youth ministry/campus ministry group of their parish/school to:

**IMMACULATE CONCEPTION CHURCH, TOWSON, MD  
CONFIRMATION RETREAT**

**January 21-22, 2012 OR January 28-29, 2012**

**Saturday 7:00 PM through Sunday 4:00 PM**

Msgr. O'Dwyer Retreat House, 15523 York Rd., Sparks, MD 21152

I/we acknowledge receipt of the attached information sheet describing the planned activities.

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

ADD any dietary restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Child's Name