



**ARCHDIOCESE
OF NEW YORK**
YOUTH FAITH FORMATION

CONFIRMATION FOR YOUTH WITH DISABILITIES
Cathedral of Saint Patrick
June 22, 2025
REGISTRATION FORM

CANDIDATE'S NAME: _____

CANDIDATE'S ADDRESS: _____

DATE OF BIRTH: _____

SIZE FOR GOWN: HEIGHT: _____ WEIGHT: _____ LBS

WHAT IS THE CANDIDATE'S DISABILITY? _____

DOES CANDIDATE USE A WHEELCHAIR? YES: _____ NO: _____

PARENT/GUARDIAN NAMES: _____

TELEPHONE NUMBER: _____ EMAIL: _____

NAME & ADDRESS OF PARISH/AGENCY: _____

NAME OF PASTOR/ CHAPLAIN: _____

PERSON RESPONSIBLE FOR CONFIRMATION PREPARATION: **(DRE | CRE)**

NAME: _____ PREFERRED TELEPHONE: _____

ANTICIPATED NUMBER OF GUESTS: _____

BAPTISMAL CERTIFICATE: ORIGINAL: _____ COPY: _____

HAS THE CANDIDATE RECEIVED FIRST COMMUNION? YES: _____ NO: _____

NAME TO BE GIVEN AT CONFIRMATION: _____

NAME OF SPONSOR: _____

DOES SPONSOR HAVE MOBILITY CONCERNS (i.e., Wheelchair, Crutches...) YES: _____ NO: _____

Confirmation Fee of \$50.00 ENCLOSED: _____

Check or Money order made payable to: Archdiocese of New York

Mail Application, copy of baptismal certificate, sponsor letter and registration fee by June 1st, 2025, to:

Brandon Price
Office of Youth Faith Formation
1011 First Avenue, 7th Fl,
New York, NY 10022