



ST. PETER CATHOLIC CHURCH

ADULT FAITH FORMATION

(18 YEARS AND OLDER)

FOR CATHOLIC ADULTS WISHING TO COMPLETE THEIR SACRAMENTS OF INITIATION (CONFIRMATION AND COMMUNION)

Full \$50 payment to be made at the time of registration. PAID: \$_____ online / cash / check

A copy of your **Baptism certificate** to be attached to this form

Today's Date: _____

First Name: _____ Last Name: _____

Maiden Name (if applicable) _____

Date of Birth: ____/____/____ Primary Language: _____

Name of Registered Parish / Where do you attend Mass? _____

Do you attend Mass regularly? No Yes

CONTACT INFORMATION

Cell Phone: _____ E-mail Address: _____

Preferred Contact Method: text email

City of Residence _____

SACRAMENTS

Have you been **Confirmed**? No Yes *Please bring your certificate to parish office.*

Church Name: _____ City, State, Country _____

Do you receive **Holy Communion**? No Yes *Please bring your certificate to parish office.*

Church Name: _____ City, State, Country _____

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PROGRAM REQUIREMENTS

By initialing below, I understand and will abide by the requirements of the St. Peter's Catholic Church Sacramental Preparation Program requirements which are:

_____ Students must attend Mass every Sunday (or Saturday Evening) & Holy Days of Obligation. "You shall attend Mass on Sundays and holy days of obligation and rest from servile labor." Sunday is a holy day of obligation, a day for you to grow in your faith, and you are required to attend to the extent that you are able to do so.

_____ Regular attendance is required. Frequent absences may result in the student being removed from the sacramental preparation program or delay the reception of sacraments.

Signature _____

Date _____

RELEASE OF LIABILITY

The undersigned to hereby release, forever discharge and agree to hold St. Peter Catholic church harmless from and against any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned while attending religious education. Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage, and expense arising from the undersigned's participation in all activities, including recreation and work activities involved in religious education. The undersigned further agree to indemnify and hold St. Peter Catholic Church and it's respective members, director's, employees, and agents (collectively the 'indemnities') harmless from and against any and all claims, demands, actions, lawsuits, and liabilities including attorney's fee and expenses sustained by the indemnitees as the result of the negligent, willful, or intentional acts of the undersigned.

Signature _____ Date _____