



# St. Sebastian Parish

476 MULL AVENUE \* AKRON, OHIO 44320-1299 \* 330.836.2233 \* [www.stsebastian.org](http://www.stsebastian.org)

**Confirmation Form  
St. Sebastian Parish  
476 Mull Ave.  
Akron, Ohio 44320**

Please fill out this form completely. A Confirmation certificate will be issued and the information will be recorded in the books at St. Sebastian Parish. Notification of the candidate's Confirmation will also be sent to the church of Baptism, if different from St. Sebastian. If not baptized at St. Sebastian, everyone must obtain a **recent** copy of their child's baptismal form from the church of Baptism. It cannot be more than six months old.

**Name of Candidate:** \_\_\_\_\_  
(First Middle Last)

**Confirmation Name:** \_\_\_\_\_  
(If different from baptismal name)

**Street Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
(First Middle **Maiden** name)

**Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_

**Church of Baptism:** \_\_\_\_\_

**Church Address:** \_\_\_\_\_

**Name of Sponsor:** \_\_\_\_\_

**Candidate currently attends:** \_\_\_\_\_ Day School  
\_\_\_\_\_ PSR  
\_\_\_\_\_ Other: \_\_\_\_\_



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Dear Candidates for Confirmation (and Parents),

You are about to begin the final step in your initiation into the Catholic Church! This is not an end to your growth and responsibility in the faith, but a beginning of the next phase of your faith life as a fully initiated member of the Catholic Church. You are not the future of the Catholic Church; you *are* the Catholic Church and as such you are about to receive the gifts of the Holy Spirit that you will need to be God's witness to the world, an honor and a privilege bestowed upon us by Christ our Lord.

It is a duty bestowed upon me by our bishop to make sure that you are ready, both spiritually and in proper knowledge of the faith, to receive this sacrament. Mr. Johnson, your teachers, and all involved in your formation, including myself, will do our best to help you achieve this lofty and holy goal.

To assist us in helping you reach this goal, the following program has been put into place in order to provide you with the tools you need to grow in Christ and experience more deeply the role of a Catholic Christian.

- ✓ Mass attendance
- ✓ Use of the Sacrament of Reconciliation
- ✓ Daily Prayer
- ✓ Service Hours
- ✓ Gatherings with your fellow candidates and your sponsors
- ✓ A retreat
- ✓ A letter written to the bishop
- ✓ The choosing of the name with which you wish to be confirmed
- ✓ The choosing of a sponsor for confirmation

In the following pages you will find further explanations of these expectations. If you have any questions about them, please do not hesitate to ask your teachers, Mr. Johnson, or myself. We look forward to accompanying you to the beginning of this next phase of your journey of faith.

God bless,

Fr. Valencheck



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Dear parent of a Confirmation candidate,

Contained in this packet is the information for the Confirmation program for your child. Even if you have had a child go through the program before, you may want to review this packet because there are some changes.

I was hoping that you might be able to give me a hand. Please encourage your Confirmation candidate to complete as much of the requirements (especially the service hours) over the summer as possible! Help them find a positive experience in this endeavor as they move to full initiation in the Catholic Church. It is meant to be encouraging, hopefully enjoyable, and informative as well as formative. Your active support and encouragement are vital in achieving this goal.

If you have any questions concerning the Confirmation program please contact me at your earliest convenience. And if you hear of an eighth grader who did not receive this information please consider steering them to me to get this information to them as quickly as possible.

If your eighth grader is already confirmed or is not Catholic or is simply not seeking Confirmation, please let me know. I would encourage them to participate just the same to the extent that they wish and are able.

Thank you for all that you do.

God bless,

A handwritten signature in black ink, appearing to read "Fr. Valencheck". The signature is written in a cursive style with a large initial "V" and a long, sweeping tail.

Fr. Valencheck



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## Confirmation 2024-25

**Monday, August 26, 2024 – Confirmation info night for candidates, parents, and sponsors**  
St. Sebastian Parish Church  
7:00-8:00 p.m.

**September 20-22, 2024- Confirmation Retreat at Damascus Catholic Mission Campus, Centerburg Ohio**

**Monday, October 28, 2024 – Confirmation Meeting – The Holy Spirit**  
St. Sebastian Parish Church  
7:00-8:00 p.m.

**Monday, November 25, 2024 – Confirmation Meeting – Confirmation and Christian Initiation**  
St. Sebastian Parish Church  
7:00-8:00 p.m.

**January 6-31, 2025- Confirmation Interviews**  
Scheduled by individual appointment

**Monday, January 27, 2025 – Confirmation Meeting – Moral Teaching of the Church**  
St. Sebastian Parish Church  
7:00-8:00 p.m.

**Monday, March 3, 2025 – Confirmation Practice**  
St. Sebastian Parish Church  
7:00-8:00 p.m.

**Friday, March 7, 2025 – Confirmation Mass with Bishop Woost**  
St. Sebastian Parish Church  
7:00 p.m.



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### Requirements for Confirmation:

**MASS ATTENDANCE** – It goes without saying that those wishing to be fully initiated members of the Catholic Church attend Mass every Sunday and Holy Day of Obligation.

**THE SACRAMENT OF RECONCILIATION** – All students looking forward to Confirmation should make use of the Sacrament of Reconciliation in order to receive all the graces Confirmation has to offer. There are numerous opportunities throughout the year including regularly scheduled confessions and the possibility of privately scheduled confessions.

**DAILY PRAYER** – Students are encouraged to continue deepening their relationship with God in regular daily prayer. Families are encouraged to pray together, remembering in particular to ask God to prepare the Confirmation candidate to receive this outpouring of the Holy Spirit.

**SERVICE HOURS** – Please carefully read over the sheet on Service Hours.

**GATHERINGS** – There will be a few meetings for you to attend at which all of the candidates for Confirmation must be in attendance along with their parents and/or sponsors. They will be on Monday nights at 7:00 PM. The dates for these meetings are included in this packet.

**CHOOSING YOUR SPONSOR** – This is a very important decision on your part. Please read over the sheet on Confirmation Sponsors very carefully.

**CHOOSING YOUR NAME!** – You will need to choose the name by which you wish to be confirmed. Please read over the sheet on Confirmation names carefully.

**LETTER TO THE BISHOP** – This letter must be written by the candidate before Confirmation and addressed to the bishop. Please carefully read over the sheet concerning this letter.

**RETREAT** – There will be a retreat for all Confirmation candidates to attend. It is absolutely mandatory for candidates to go on retreat. If you cannot make this retreat you may make an approved substitute retreat. Please see Mr. Johnson to make sure that the retreat you choose qualifies.

## Confirmation Checklist

**Name:**

**Confirmation Form** due August 26, 2024 \_\_\_\_\_

**Baptism Certificate** due August 26, 2024 \_\_\_\_\_

**Retreat Form** due August 26, 2024 \_\_\_\_\_

**Sponsor Form** due October 28, 2024 \_\_\_\_\_

**Confirmation Name** due October 28, 2024 \_\_\_\_\_

**Letter to the Bishop** due November 25, 2024 \_\_\_\_\_

**Service Hours** due January 27, 2025 \_\_\_\_\_



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## Your Sponsor

Who you choose to be your sponsor is very important. It is not an honorary role, but one with significance and responsibilities. Because of this, there are some Church laws that we are all required to follow. It helps to remember that your sponsor is a person who is representing our faith and our Church and, as such, is sponsoring you into the fullness of the faith and promising to guide you by word, prayer, and example on your faith journey. With all of this in mind, your sponsor must be:

- ✓ A fully initiated member of the Catholic Church (that is, has received Baptism, Confirmation, and Eucharist).
- ✓ Be at least sixteen years of age.
- ✓ Is NOT a parent of the one who is to be confirmed.
- ✓ Is a practicing Catholic.
- ✓ Is registered and is able to obtain a sponsor form from his or her parish.

If the person you choose does not meet these requirements they cannot be a sponsor for Confirmation. It is EXTREMELY important that you make your choice EARLY so that you can make sure that the person you want to be your sponsor is able to do so and has PLENTY OF TIME to get their sponsor certificate.

The name of your sponsor and their sponsor certificate is due NO LATER THAN the October Confirmation meeting!

Please cut off the bottom portion of this form and give it to the person you are choosing.

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Dear Potential Sponsor,

A young lady or gentleman has requested you to be their sponsor for Confirmation. This is not an honorary role, but one with significant responsibilities. Please carefully and prayerfully consider the requirements of a sponsor before giving an answer to this request. A sponsor for Confirmation must be:

- ✓ A fully initiated Catholic (that is, has received the sacraments of Baptism, Confirmation, and Eucharist).
- ✓ At least sixteen years of age.
- ✓ Not a parent of the person being confirmed.
- ✓ A practicing Catholic registered at a parish.
- ✓ Able to obtain a sponsor certificate from your parish. (Call your parish. They'll know what you are asking for!)
- ✓ Willing to guide the person you will sponsor by prayer, word, and example.

The person you will sponsor must be able to turn in your sponsor certificate to Saint Sebastian NO LATER THAN OCTOBER 28! Please get it to him or her as soon as possible.

N.B. – St. Sebastian Parishioners also need to obtain a sponsor certificate from the parish!

Thank you so much for your willingness.

Sincerely yours in Christ,

Fr. Valencheck



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## Choosing Your Confirmation Name

You have a couple of options in choosing the name by which you wish to be confirmed. One option is merely keeping the name by which you were baptized. This is the name by which you were first called God’s son or daughter. This is a perfectly acceptable practice.

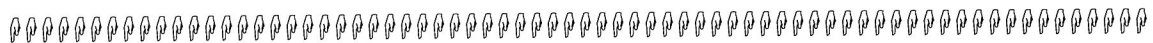
It is an ancient tradition, however, that those entering into a deeper relationship with God have also a change in their name to signify this new stage in their life. For example, Abram’s name was changed to Abraham and Simon became Peter. Throughout the centuries, new Christians and those entering into religious life often took new names to show their new relationship with Christ and His Church. The same tradition has also been associated with the Sacrament of Confirmation.

If you decide to take a Confirmation Name, it needs to be that of a saint and this saint, whose patronage you request, should exemplify something that is significant to you. Perhaps they are the patron saint of something that is important to you, have lived a life that you find inspiring, or have some other quality that you find worthy.

Here is a site that might help you choose a patron saint whose name you might want to adopt:

<http://www.catholic.org/saints/>

Those who choose a new name will need to fill out the attached sheet. It is due October 28, 2024. If you are not selecting a new name, please return this sheet by the due date with your given name.



Your Name:

Your Confirmation Name:

Why did you pick this saint? (Let me know that you know this saint and why he or she is important to you. You can use the back of this sheet if necessary!)





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# Your Letter to the Bishop

Your letter to the bishop will first be read by the pastor as it is his responsibility to make sure that the candidates for Confirmation at this parish are properly disposed to receive the sacrament. He then presents the letters of those deemed ready to receive Confirmation to the bishop.

This letter should contain the following:

- ✓ A statement of your faith in God, including your initial and ongoing conversion to Christ.
- ✓ Some reasons as to why you wish to receive Confirmation.
- ✓ Some ideas as to how you intend to keep living your faith AFTER Confirmation.
- ✓ Mention something that influenced you in your faith journey (a parent, friend . . .)
- ✓ Anything else you would like the bishop to know.
- ✓ The content of the letter should be one page.

Please have your letter checked by a parent or teacher before submitting. I will be giving these letters to the bishop as a representation of your faith and desire for this sacrament. Therefore letters containing mistakes in grammar or lacking in neatness or form will be returned for corrections. The due date is November 25, 2024.

According to proper Church protocol the salutation of the letter should be:

- ✓ Your Excellency (or)
- ✓ Most Reverend Sir (or)
- ✓ Dear Bishop

The complimentary close should read:

- ✓ Respectfully yours, (or)
- ✓ Sincerely yours in Christ,

It may be typed or handwritten. If it is written by hand it should be in ink with no mistakes as is fitting of young ladies and gentlemen. Your address should also appear at the top of the page in the event he should decide to write back to you.



## Service Hours

Service is a vital aspect of Christian discipleship. Jesus came to be the servant of all and called us to follow His example. As part of Confirmation formation, each student is required to perform a minimum of **TWENTY HOURS** of service. At least half of these hours should be made through, or for, your parish. This includes serving Mass (every Mass, no matter the length, counts as an hour), singing in the choir, volunteering around the parish, joining in any youth group service project, or volunteering at any of the general parish functions. Other opportunities include:

- ✓ Volunteering at the Good Samaritan Hunger Center
- ✓ CYO volunteer program
- ✓ Assist at VBS
- ✓ Making a Holy Hour – especially on Tuesdays.

The rest of your hours can be from other volunteer activities that are not parish based. These might include volunteering at a food pantry, assisting a neighbor with chores they are not able to do because of physical limitations or age, writing a letter to a service man or woman showing your appreciation (an hour per letter), spending time with a shut in, picking up litter in a public park, or any such service project.

Please use the attached sheet to record your hours. It is advisable that you finish as quickly as possible. Make it enjoyable and perhaps discover new ways of being an active Catholic in your parish or as a Catholic assisting your community.



## Confirmation Retreat

Damascus Catholic Mission Campus

**For:** 8<sup>th</sup> grade Confirmandi

**When:** Friday-Sunday, September 20-22, 2024

**Where:** Damascus Catholic Mission Campus, 7550 Ramey Rd., Centerburg, OH 43011.

Confirmation students will meet in the Zwisler Hall parking lot at 4:00 p.m. on Friday. Transportation by bus to Damascus Camp in Centerburg, Ohio.

Retreat concludes on Sunday with 11:30 a.m. Mass. Parents are invited to attend and students will be dismissed to them afterward.

**Cost:** \$155.00 Payment can be made online at the time of registration. Financial assistance is available if needed.

Registration form is due at the Confirmation meeting on Monday, August 26, 2024.

**NO CELL PHONES ARE PERMITTED ON THIS RETREAT!**

Emergency number for Keith Johnson during the weekend: (330) 802-2264

Questions? Keith Johnson (330)836-2233 ext. 134 or [johnsonk@stsebastian.org](mailto:johnsonk@stsebastian.org)

## Registration Form – Confirmation Retreat September 20-22, 2024

Participant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Parent Cell Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ School: \_\_\_\_\_

### Parent or Guardian Contact Information (in the event of Emergency)

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

All home, work and cell phone numbers for Parent/Guardian, in the event of an Emergency:

\_\_\_\_\_

### EMERGENCY AUTHORIZATION AND RELEASE FOR TREATMENT

This authorization enables guardians to authorize the provision of emergency treatment for the participant who becomes seriously ill or injured under the authority of the parish when guardians cannot be reached. **THIS MUST BE SIGNED IN ORDER FOR YOUR CHILD TO ATTEND THE CONFIRMATION RETREAT.** I, acting as the legal guardian of \_\_\_\_\_, grant consent for the parish of Saint Sebastian to seek medical treatment for him/her in the case of illness or accident from the closest and most appropriate medical practitioner or hospital available. This authorization does not cover major surgery unless the medical opinions of two licensed physicians/dentists concurring in the necessity for such surgery are obtained for the performance of such surgery.

Any and all information concerning the above named child's history including allergies, medications, and physical impairments, has been reported in these registration forms. In the event of an emergency, I authorize the aforementioned parish to share the completed registration information packet with persons related to the treatment of the above named program member.

I understand that the aforementioned parish will make reasonable efforts to contact me or the listed emergency contacts in the case that medical attention will become necessary.

X \_\_\_\_\_  
Parent's signature Date

### VIDEO/PHOTO RELEASE

I hereby give my consent to the parish of Saint Sebastian to videotape/ photograph \_\_\_\_\_ (name of child) and without limitation, to use such pictures and or stories in connection with any of the work of the aforementioned parish without consideration of any kind, and I do hereby release all of the parish from any and all claims whatsoever which may arise in said regard.

X \_\_\_\_\_  
Parent's signature Date

\*It is not necessary for you to sign this Video/Photo release in order for child to attend the program. However, it would be to our convenience and assist us in promoting Youth Ministry if you would sign it.

\_\_\_\_\_

**WAIVER OF LIABILITY**

I understand that all activities have certain risks and could result in injury to the child I am enrolling. I waive all claims against the parish of Saint Sebastian for any and all causes arising out of the activities of the programs of the parish, along with the volunteers and employees of the parish.

X \_\_\_\_\_  
Parent's signature Date

**MEDICAL INFORMATION**

Health insurance carrier is: \_\_\_\_\_

Name of policyholder: \_\_\_\_\_

My child's birth date is: \_\_\_\_\_

The following includes any allergies, **especially food allergies**, my child may have, any medication my child may be taking, or any other facts to which a physician or dentist should be alerted:

\_\_\_\_\_

**I fully understand what is involved in this experience and the foregoing form, and I understand I have the opportunity to call Keith Johnson with any questions I may have.**

X \_\_\_\_\_  
**Participant signature** **Date**

X \_\_\_\_\_  
**Parent signature** **Date**