



## Year 2 - Confirmation Checklist (revised 7/30/2025)

This listing is provided to help you keep track of the program requirements. Check each box as you complete the requirement and provide the form/information requested. **This checklist is not turned in – but kept for your use.**

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### ◇ Attend all scheduled Chosen Sessions

If your teen is unable to attend due to an unavoidable conflict or sickness, please contact the coordinator to schedule a makeup session. Email Sophia Gaves at [sgaves@stanastasia.org](mailto:sgaves@stanastasia.org)

**\*All forms available online at our website (QR Code below)**

- ◇ **Retreat Permission Slip & Medical Release**, (also Dispensing Meds form if needed) due on or before: **Sep 14**
- ◇ **\*Confirmation Sponsor Form** (OR electronic form) due on or before: **Sep 14**
- ◇ Attend and participate in the onsite **Confirmation Retreat** scheduled for: **Oct 4**
- ◇ **Certificate of Eligibility for Sponsors** (*please get the form to sponsor asap*): Sponsor fills out (if Sponsor is a member of St. Anastasia) or Sponsor takes to his/her own parish to be completed) - this form is due by: **Nov 23**
- ◇ **\*Confirmation Name / Saint Report** form due on or before: **Nov 23**
- ◇ Submit a **Letter Requesting Confirmation** (*see Instructions for Writing Your 'Request for Confirmation Letter'*) stating why you'd like to be Confirmed in the Catholic Church on or before: **Jan 11**
- ◇ Turn in your **Faith-To-Faith magazine** (will be returned to you) on or before the final class: **Feb 8**
- ◇ **Go to Confession** prior to being Confirmed (March 7, 2026). Candidates should be in a state of grace (absolved by a priest of mortal sin) when receiving Confirmation. Our parish offers confessions on Tuesdays at 6PM.
- ◇ **ACTION REQUIREMENTS** as stated in the Confirmation Commitment Agreement
- ◇ **Use the electronic form for REFLECTIONS to receive credit within two weeks of completing an action (find using the QR Code below).**
  - Participate in 5 hours of service – **with ONE reflection submitted for ONE of your chosen service opportunities—upon completion of all 5 hours.**
  - Attend 3 BASIC nights (high school youth ministry) – *with reflection submitted on ONE*
  - Serve at one Mass (be a greeter, lector, cantor or altar server – **if you are trained**) – *no reflection required*

**Paper forms may be dropped off while attending class or mailed in to the parish:**

St. Anastasia RE office, 4571 John R Road, Troy, MI 48085

***QR Code and URL for online options:***

<https://www.stanastasia.org/faith-formation/religious-education/confirmation-prep-gr-8-9/>



**YEAR 2 Retreat DUE: September 14, 2025**

**ST. ANASTASIA CATHOLIC CHURCH**  
**PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION**

**Dear Parent or Legal Guardian:**

Your son/daughter is eligible to participate in a parish-sponsored activity at the parish facilities. This activity will take place under the guidance and the supervision of staff from **St. Anastasia Parish**. A brief description of the activity follows:

Name of Event **St. Anastasia Confirmation Retreat**  
Destination **ONSITE – at St. Anastasia in the Davidson Center and Church**  
Designated Supervisor of Activity **Sophia Gaves, Confirmation Coordinator**  
DATE & TIME: **Saturday, October 4, 2025 from 9AM – 7PM (includes lunch/dinner/Mass)**

If you would like your son/daughter to participate in this event, please complete, sign and return this statement of consent and release of liability **along with \$14 for a t-shirt** to the Parish Offices on/before **Sunday, Sep 14, 2025**. As parent or legal guardian, you remain fully responsible for the actions and conduct of your teen.

**IF YOUR CHILD CANNOT ATTEND, PLEASE NOTIFY/EMAIL TODAY:**  
**[sgaves@stanastasia.org](mailto:sgaves@stanastasia.org)**

**Complete both sides of this form – along with Release for Dispensing Medication (if needed).**

**Confirmation Retreat Statement of Consent**

I hereby consent to participation by my teen, \_\_\_\_\_ in the event described above scheduled for **October 4, 2025**. I understand that this event will take place at the parish and that my teen will be under the supervision of the designated parish employee on the stated date.

In consideration of my child being allowed to participate in this event, I agree on behalf of myself and my child, to release **St. Anastasia Parish, the Roman Catholic Archdiocese of Detroit** and any and all affiliated organizations, their employees, agents, representatives, including volunteer drivers, (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in this event. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

This form and the **medical release on the BACK of this permission slip** MUST be completed for your teen to participate in this event.

Phone Number(s) where you can be reached during this event \_\_\_\_\_

**Print** Parent/Legal Guardian's Name

**Signature** of Parent/Legal Guardian

**DATE**

**T- shirt sizes:      S      M      L      XL      XXL (adult sizes) – \$14 each**

**Please circle t-shirt size if you want a t-shirt**

**RETURN THIS FORM (and \$14) TODAY! Or to the Religious Education Ofc,  
or your catechist **ON OR BEFORE Sunday, Sep 14, 2025****

**See backside of this form for the Medical Release which must also be completed**

## MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Reason for which release is intended: Confirmation Retreat or Activity

Address of Minor: \_\_\_\_\_ City: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_

List allergies or other pertinent comments:

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

Medications taken on a regular basis:

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

Will the student be bringing these medications on retreat? \_\_\_\_ Yes \_\_\_\_ No

***If yes, please submit a Dispensing Medication Release along with this form.***

Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent or Guardian)

### RELEASE FOR DISPENSING OF MEDICATION

We, the undersigned parent and/or guardian of:

\_\_\_\_\_  
(Student's Name) \_\_\_\_\_ Born \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Grade/Room #) Mo Day Yr

do hereby sign and execute this release on behalf of us and on behalf of our minor son/daughter/ward.

NAME OF MEDICATION: \_\_\_\_\_

DOSE: \_\_\_\_\_

TIME TO BE GIVEN: \_\_\_\_\_

DURATION: \_\_\_\_\_

**ATTACH DOCTOR'S NOTE REGARDING EMERGENCY CARE PLAN AND ADMINISTRATION OF MEDICATION.**

☐ Check here, if this release is for a metered dose asthma inhaler, insulin pump or epinephrine auto-injector, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parents/guardian signature below apply to the inhaler, insulin pump or epinephrine auto-injector possession and use by students as permitted in Public Act 10 – Revised School Code.

\_\_\_\_\_  
(Doctor's Signature) \_\_\_\_\_ (Please Print Name) \_\_\_\_\_ (Date) \_\_\_\_\_  
\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
(Phone Number)

We hereby waive any liability whatever to the school or the Archdiocese of Detroit or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

PARENT/GUARDIAN \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

DATE \_\_\_\_\_

(April, 2017) *This form MUST accompany any medications being brought on retreat*



**YEAR 2 Requirement – DUE Sep 14, 2025**

# Chosen Sponsor Information

So that certificates may be filled out properly, please complete every line of this form using the **FULL, LEGAL** names of each person. Additional sponsor form (**Certificate of Eligibility, for sponsor**) must be turned in on or before Nov 23, 2025.

**PLEASE SUBMIT THIS FORM ON OR BEFORE THE DUE DATE ABOVE**

*Online option available*

PLEASE PRINT NEATLY

Candidate's Full Name: \_\_\_\_\_

## Confirmation SPONSOR Information

PLEASE PRINT NEATLY

\*\*\* A sponsor is an active, participating Catholic over the age of 16 who has been confirmed and is living out their Catholic faith. **Every Sponsor MUST submit a Certificate of Eligibility** from his or her pastor verifying that he or she is a Catholic member in good standing in their church. A blank copy of a Certificate of Eligibility for Sponsors is included in this packet.

Sponsor's FULL Name: \_\_\_\_\_

Sponsor's Email Address (optional): \_\_\_\_\_

Sponsor's Relation to Candidate: \_\_\_\_\_

**Check one:**

\_\_\_\_\_ Sponsor is an active, registered member of St. Anastasia Parish

\_\_\_\_\_ Sponsor is an active, registered member of another Catholic Church:

Parish Name: \_\_\_\_\_

Parish City/St: \_\_\_\_\_

\_\_\_\_\_ *\* I understand that all Sponsors must submit a completed, signed & sealed **Certificate of Eligibility for Sponsors** no later than the deadline mentioned above, to the Religious Education Office at St. Anastasia. If your Sponsor is a member of St. Anastasia Parish, the "Priest/Deacon Signature" and "Parish Seal" may be omitted from the Certificate of Eligibility form.*

**Please note:** Parents are not eligible to be a SPONSOR. If you have specific questions regarding sponsors, you may contact Sophia Gaves, Confirmation Coordinator at 248-689-8380, Ext. 108.



**YEAR 2 Requirement—DUE BY: Nov 23, 2025**

Please mail completed form to:  
St. Anastasia Catholic Church  
Religious Education Office  
4571 John R Road  
Troy, MI 48085

## **Certificate of Eligibility for Sponsors**

*Must be completed, signed and sealed by a Priest or Deacon at the Sponsor's parish of register and returned to St. Anastasia by the due date above*

*Code of Canon Law #874: "To be permitted to take on the function of a sponsor a person must ...have the aptitude and intention of fulfilling this function; have completed the sixteenth year of age; be a Catholic who has been confirmed and has already received the most holy sacrament of the Eucharist and who leads a life of faith in keeping with the function to be taken on; not be bound by any canonical penalty legitimately imposed or declared."*

I, \_\_\_\_\_ am a registered member of this Catholic Church:

Name of Church: \_\_\_\_\_ City/State: \_\_\_\_\_

I have been asked to be a Sponsor for \_\_\_\_\_ as he/she is Confirmed.

*In accepting this responsibility, I affirm that:*

\_\_\_\_\_ I am a Roman Catholic and have celebrated the three Sacraments of Initiation (Baptism, Eucharist, and Confirmation).

\_\_\_\_\_ I am at least 16 years of age.

\_\_\_\_\_ I participate regularly in Sunday Mass and give witness to my faith in Christ Jesus by receiving Him in Holy Communion.

\_\_\_\_\_ If married, I am married according to the laws of the Catholic Church.  
(please indicate if not married) \_\_\_\_\_

\_\_\_\_\_ I believe what the Catholic Church professes and teaches, and I truly make an effort to incorporate these teachings in my daily life.

\_\_\_\_\_ I am aware that I am assuming responsibility to be a good role model for the person I am sponsoring by my life of prayer and by my Christian example.

Parish Seal: (if not St. Anastasia)

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Priest/Deacon Signature (if not at St. Anastasia)

\_\_\_\_\_  
Date

**YEAR 2 Requirement - DUE BY: Nov 23, 2025**

## **Candidate CONFIRMATION Name**

During the Catholic sacrament of Confirmation, God the Holy Spirit comes upon you to bestow numerous spiritual gifts and "confirm" the faith given you in Baptism. If you choose a Confirmation name before Confirmation, this new name, imposed by the bishop during Confirmation, becomes a part of your full name. It comes after your first and middle names and before the last name.

Find a list of canonized saints in the Roman Catholic Church by reading a book or doing online research (<http://www.catholic.org/saints/> is a good place to start). Saints are people who have lived holy lives and are now in heaven as members of the Church Triumphant. Their life stories provide examples for others on how to overcome spiritual obstacles on Earth.

Pray to the Holy Spirit, and ask Him for help in finding a saint whose life you'd like to imitate. This saint will be bonded with you spiritually, and in essence becomes your heavenly patron who intercedes for you before God.

Select your Confirmation name, based on the name of a SAINT and inform your sponsor, family and friends. Get used to it by saying it over and over again in your mind. Practice writing it as part of your full name.

Before you are confirmed, pray with the saint whose name you will be using as your Confirmation name. Ask this saint to intercede for you, to help you make the right moral choices, and overall to be a powerful spiritual guide the rest of your life.

Buy pictures, holy cards, statues and books associated with your Confirmation's namesake. These visual reminders of your saint will help you reflect upon his or her unique virtues.

***Fill out the information below and turn it in to your catechist or the Religious Education Office by the due date above.***

Please PRINT neatly or type out your report (and put your name on it) – so that we can read it...

YOUR FULL NAME: \_\_\_\_\_

YOUR CHOSEN CONFIRMATION NAME IS: \_\_\_\_\_

*If this is left blank, your first name will be considered your Confirmation Name.*

**Write a short report on the SAINT** whose name you will take as your Confirmation Name (even if it is your own name), **including WHY you have chosen this name.** You may use the back of this form for your Saint Report - or attach to this form. (There is also an online option for this information).



## **INSTRUCTIONS FOR WRITING YOUR “REQUEST FOR CONFIRMATION” LETTER**

ALL CANDIDATES ARE **REQUIRED** TO WRITE A LETTER TO THE BISHOP,  
OFFICIALLY ASKING/REQUESTING TO BE CONFIRMED.

*Most Candidates find it helpful to write this letter **after** they have  
experienced the Confirmation Retreat.*

1. Please **TYPE** your letter using the name/address listed here for Fr. Steve.
2. Please **SIGN** your letter in cursive, followed by your typewritten name.
3. Please **RETURN** your letter **NO LATER THAN the due date above**.
4. Please **do not place your letter in an envelope**. All letters are placed in a binder so that we don't have to open individual envelopes to get at the letters.
5. When using the words **Catholic, Confirmation, God** and **Mass** – please capitalize the first letter of each of these words.

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### **Here is how you will address your letter requesting Confirmation:**

Most Rev. Arturo Cepedo, Bishop  
c/o Rev. Steven A. Wertanen, Pastor  
St. Anastasia Catholic Church  
4571 John R Road  
Troy, MI 48085

Dear Bishop Cepeda,

**In your own words**, write (type) a letter requesting Confirmation. The letter can be based on the answers to the following questions:

- What are the reasons you want to be Confirmed?
- What part of the preparation process was most helpful to you?
- When Confirmed, what difference will you make? (Personal growth in your relationship to God, service to others, doing God's work in the world...)

This letter should be well thought out and at least a couple paragraphs in length. Note that Confirmation is NOT about becoming an adult in the Church or about “finishing” religious education. Ask your sponsor or parent to read through with you before turning it in.

Sincerely,

*Sara Davis*

Sara Davis



# CONFIRMATION COMMITMENT (Revised 07/30/2025)

## Commitment for the student

The faith community of St. Anastasia Parish invites you to prepare to receive the Sacrament of Confirmation. We hope that this year of discernment will help to guide you deeper into the Catholic faith and your relationship with Christ. We care about you, respect you and are honored to walk with you in this part of your faith journey. We are here to help you grow as a disciple of Jesus Christ, and help you be able to share your faith with those around you, in word and in deed. During this process, you will receive support and guidance from those at St. Anastasia parish, along with your sponsor and your family.

If you are willing to take the steps and prepare for a fuller life living in the Holy Spirit and as a practicing Catholic, we invite you to come journey with us in the Confirmation preparation process. Please complete and sign this commitment agreement.

*A Commitment fundamentally means dedicating oneself to a specific course of action or a goal, involving an unwavering dedication and the willingness to prioritize it over other things. It goes beyond simply making a promise; it's about actively acting upon that promise, even when facing challenges. Commitment implies a sense of responsibility and a willingness to follow through, ensuring that actions align with intentions.*

I, \_\_\_\_\_ agree to:

- Strive to make God and my Catholic faith a priority by creating a daily habit of prayer.
- Participating every week at Sunday Mass (and each Holy Day of Obligation)
- To complete all the activities and reflections requested of me:
  - Service project – 5hrs of service with accompanying reflection **upon completion** of the hours
  - Attend 3 BASIC nights – submit accompanying reflection **after** attending 3 evenings
  - Serve in one Holy Mass (Altar serving, Lector, singing in choir or greeting)
- Expand my knowledge of the Catholic faith by participating in class and asking questions to deepen my relationship with Jesus Christ and His church

Having clearly understood what is expected of me as I prepare for Confirmation, and recognizing this special and important time of preparation, I sign this commitment in the presence of God. Should I choose not to uphold this agreement, I recognize that it may delay my Confirmation until such a time that I am ready.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Candidate's Signature

*"I ask the Father, Son and Holy Spirit to assist me in living up to this agreement."*

## Commitment Agreement for the Parent

By signing this commitment agreement, I agree to everything that my child is agreeing to above and to assist my child in learning their faith and preparing for Confirmation. I will live out the promise I made at my child's baptism by attending to their spiritual needs by going to Mass each week, praying for them, and continuing to walk with them in their faith journey even after they receive their Confirmation.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Signature