



**QUEEN OF PEACE RELIGIOUS EDUCATION OFFICE
21 CHURCH PLACE
NORTH ARLINGTON, NEW JERSEY 07031
201-998-0901**

Dear Parents/Guardians,

May 21, 2025

During the past several years your child has been receiving religious instruction in the Catholic Church through Queen of Peace School or our parish Religious Program (CCD). Your child is eligible to receive the Sacrament of Confirmation this year having successfully completed CCD classes or Religious Education instructions.

Bishop Michael Saporito, Auxillary Regional Bishop of Bergen County, of the Archdiocese of Newark will confer the Sacrament of Confirmation on those presented to him on Saturday, November 15, 2025 at 10:30 A.M. and at 1:30 P.M.

Due to certain costs associated with our Sacramental Preparation Program, we are requesting a registration fee of \$125.00 per applicant. Please make check payable to Queen of Peace Religious Education and return it to the Religious Education office no later than July 14, 2025.

If you have any questions or concerns about Confirmation preparation, please call the Religious Education office at 201-998-0901. Ext. 313 or 314. Thank you.

In Christ,

Therese Bellifemine
Director of Religious Education



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APPLICATION FOR THE SACRAMENT OF CONFIRMATION

Please PRINT All Information:

Name of Candidate to be Confirmed: _____

Confirmation Name to be chosen: _____

Also, Please Print exactly how you would like the name of the candidate to appear on the certificate: _____

Full Address: _____

Telephone Number: _____

Parent Email Address: _____

Mother's First and Maiden Name: _____

Father's First and Last Name: _____

Sponsor's Name: _____

Baptism Date (New Students MUST attach copy): _____

Name and address of Church where Candidate was Baptized: _____

Why do you feel that you are ready to receive confirmation: _____

I am willing to make the commitment to Christ and his Church by reading and completing all the requirements assignments and qualifications given to me before I Receive the Sacrament of Confirmation.

Candidate's Signature: _____

Parent's Signature: _____

***The Application Form Must Be Returned no later than July 14, 2025 with a \$125.00 Registration Fee. Please return the form & payment in person to the CCD Office. Monday thru Thursday 8:00AM - 2:00 PM.**

***Please notify the CCD office of any change in your home address, phone number or email address.**

***If you do not receive a copy of our calendar attached with this letter, please contact our office to obtain one.**