

CONFIRMATION REGISTRATION FORM

CONFIRMANDEE INFORMATION

Please print legibly

Today's Date _____

Parishioner _____

Non-Parishioner _____

Copy of Baptismal Certificate _____

Student's Name _____

Phone _____

Student's Email _____

Cell Phone _____

Address _____

City & Zip _____

School _____

Grade _____

Date of Birth _____

Parent's email _____

Father's Name _____ Mother's **MAIDEN** Name _____

Parish where Registered _____

Saint's Name chosen for Confirmation _____

SPONSOR INFORMATION

Sponsor's Name _____

Phone _____

Address _____

Cell Phone _____

City _____

State _____

Zip _____

Email _____

CONFIRMANDEE SACRAMENTAL RECORDS

In order to participate in Confirmation, you **MUST** have received the following sacraments and we need a copy of your Baptismal Certificate. If you received any of the Sacraments at Sacred Heart of Mary, indicate SHM next to the particular sacrament **and the date the sacrament was received.**

Baptism

Date

Church

Address

City

State

Zip

First Reconciliation

Date

Church

Address

City

State

Zip

First Communion

Date

Church

Address

City

State

Zip

For Office Use Only

_____ Certificate

_____ Register Book

_____ Computer Journal

_____ Computer Family

_____ Family Card

_____ Baptism Notification

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