



SACRED HEART CATHOLIC CHURCH CONFIRMATION

Today's Date: _____ Parish Registration #: _____

Child's Name: _____

Please print name as you want it to appear on the certificate.

Father's Name: _____

Mother's MAIDEN Name: _____

Address: _____ City: _____ ZIP CODE: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Dad: _____ Dad: _____

Mom: _____ Mom: _____

Date and place of Baptism: _____

Family email: _____

Candidate's School _____ Current grade: _____

Date of Birth ____ / ____ / ____ City & State of Birth _____

Candidate received religious education last year at:

- Faith Formation: Sacred Heart Parish
Faith Formation: _____
Catholic School: _____

In order to serve your child to the best of our ability, it is necessary for the catechist to know your child's abilities. Please indicate below any learning disabilities, medical conditions or other issues which may require special attention during class sessions.

Signature: _____ Date: _____

OFFICE USE ONLY:

Amount Due: \$110.00 Amount Paid: _____ Check #: _____ Balance: _____