Date___/___/___ BLESSED SACRAMENT CHURCH Fee: $35.00

Confirmation Registration Form

Family Information:

***Are you registered members of this parish?(receive envelopes)** ____Y ____N

NOTICE: If you are not from this parish, you will need permission in writing from your parish Pastor to be confirmed here.

Name_____ Home Phone_____

Address_____ Cell Phone _____

City/St/zip_____ Email_____

Is candidate's last name different from that listed above? ____Yes ____No

Candidate Information:

Name_____ Date of Birth ___/___/___

Cell Phone_____ Email_____

School_____ Grade____

**Are there any health or learning related issues or concerns we should be aware of in order to help the candidate have a successful experience while participating in our confirmation program?

_____

_____

Birth Parent Information:

(Notice: Complete names of birth parents including mother's maiden name are vital information for recording confirmation date)

Fathers name _____

First Last

Mothers name_____ _____

First Last **Maiden Name**

Sacramental Information:

Candidates NOT baptized in this parish must have a copy of baptismal certificate for notification of Confirmation to that Church.

******Correct date and address of Church are required.******

Candidates baptized at BSC please indicate approximate date of baptism.

Date of Baptism ___/___/___ Church of Baptism_____

Received Penance? ____Yes ____No **Received Eucharist?** ____Yes ____No