



Sacred Heart Office of Faith Formation
400 Nilles Rd.; Fairfield, OH 45014
(513)-858-4213 FAX (513) 858-4211

CONFIRMATION CANDIDATE 2009- 2010 Registration

PLEASE BRING COMPLETED FORM AND AN
UPDATED COPY OF *BAPTISMAL CERTIFICATE TO
CONFIRMATION PARENT MEETING.

OFFICE USE ONLY:

ID #:

PDS Batch # &/or date posted:

FOLLOW UP REQUIRED:

**If your child was baptized at Sacred Heart, no Baptism Certificate is needed.*

CANDIDATES BAPTISMAL NAME _____
(First) (Middle) (Last)

CANDIDATE'S ADDRESS _____
(Street) (City) (Zip)

PHONE# _____ DATE OF BIRTH: _____ GENDER: _____ AGE: _____
(Month/Day/Year)

PLACE OF Birth _____
(City) (State)

CHURCH OF BAPTISM _____
(Name)

Church Address _____
(Street Address) (City) (St/Zip)

CANDIDATE BAPTISMAL DATE _____ (IF BAPTIZED AT SACRED HEART, ENTER EXACT OR APPROXIMATE DATE)
(Month/day/year)

FATHER'S NAME _____
(First) (Last)

Home Phone: _____ Cell Phone: _____

MOTHERS NAME _____
(First) (Maiden) (Last)

Home Phone: _____ Cell Phone: _____

LEGAL GUARDIAN: _____
(If other than parent) (First) (Last)

Home Phone: _____ Cell Phone: _____

Parent/Guardian
email: _____

OFFICE USE ONLY

Confirmation Name _____ Feast Date: _____
(Saints Name)

Date Confirmed: _____