

**SACRED HEART PARISH**  
**CONFIRMATION REGISTRATION 2019**

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

How many years have you attended religious education classes? \_\_\_\_\_ (or Catholic school \_\_\_\_\_)

Father \_\_\_\_\_ Religion \_\_\_\_\_  
Last Name First

Mother \_\_\_\_\_ Religion \_\_\_\_\_  
Maiden First Name

ADDRESS \_\_\_\_\_  
Street City State Zip Code

Phone Number \_\_\_\_\_ (Cell or Landline?) Email: \_\_\_\_\_

Are you open to receiving texts regarding class? YES \_\_\_\_\_ NO \_\_\_\_\_

Emergency Number \_\_\_\_\_

**NEEDED: BAPTISMAL AND FIRST COMMUNION CERTIFICATES**

Please fill in the following information if it is available at this time:

Confirmation Name: \_\_\_\_\_

Confirmation Sponsor: \_\_\_\_\_

Fee: **\$40.00 per family**

For Office Use only: Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_