



Sacred Heart Office of Faith Formation

400 Nilles Rd.; Fairfield, OH 45014
(513)-858-4213 FAX (513) 858-4211

CONFIRMATION CANDIDATE
2020- 2021 Registration

OFFICE USE ONLY:

ID #:
Date Confirmed:

FOLLOW UP REQUIRED:

RETURN TO THE OFFICE OF FAITH FORMATION by September 25, 2020.
If your child was baptized at Sacred Heart, NO Baptism Certificate is needed.
Deadline to deliver Baptismal Cert. is November 2nd.

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

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

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

DID THIS CHILD ATTEND REP OR DAY SCHOOL CLASSES AT SACRED HEART LAST YEAR? (Y/N)

IF NOT, WERE THEY ENROLLED IN A CATHOLIC PROGRAM ELSEWHERE? (Y/N)

IF YES, WHERE?

PLACE OF Birth (City) (State)

CHURCH OF BAPTISM (Name of church)

Church Address (Street Address) (City) (St/zip)

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

DATE OF FIRST EUCHARIST AT

Please list faith of each parent. Mother Father

FATHER'S NAME (First) (Last)

Home Phone: Cell Phone:

MOTHERS NAME (First) (MAIDEN) (Last)

Home Phone: Cell Phone:

Parent (OR Guardian) email to send reminders to:

OR LEGAL GUARDIAN: (If other than birth parent) (First) (Middle or Maiden) (Last)

Home Phone: Cell Phone:

OFFICE USE ONLY

Confirmation/Saint's Name Feast Date: