



Sacred Heart Catholic Church
2018 – 2019 FIRST YEAR CONFIRMATION APPLICATION

Staff Initials & Date received

____ _ / ____ / ____

Student's Last Name: _____
Student's Baptismal First Name: _____
Student's Preferred Name: _____

Where is your Student receiving formal religious education classes this year? **CIRCLE CHOICE**

7th Grade Confirmation Classes: Monday: Session I (4:45pm-6:00pm) or Session II (6:30pm-7:45pm)
Tuesday: Session I (4:45pm-6:00pm) or Session II (6:30pm-7:45pm)

Catholic School-Where?: Aquinas Seton School Linton Hall School
Home School: See DRE for approval _____ ____initials

Name of school your student currently attends: _____
Grade in school (year of application): _____

Parent Information:

Father's Name: _____ Cell Phone: _____
Mother's Name: _____ Cell Phone: _____
Mother's Maiden Name: _____ Home Phone: _____
Family Home Address:
Street# _____ City _____ Zip _____

BEST EMAIL ADDRESS: _____

Birth Information:

Date of birth: ____/____/____
Sex: ____ BIRTH PLACE (city & state): _____
Has this child received First Holy Communion?
YES or NO Where? _____
Address: _____
Date: ____/____/____

Baptismal Information:

(Copy of Certificate needed for recording)

Date of Baptism: ____/____/____
Church of Baptism: _____
Complete Mailing Address: (include out of country address)

 Profession of Faith (for office use only)

NOTES: