



Staff Initials & Date received

Fee: \_\_\_\_ CK# \_\_\_\_ cash

# Sacred Heart Catholic Church 2019 – 2020 OFFICIAL CONFIRMATION APPLICATION

Second Year Program Form-**PLEASE PRINT CLEARLY**

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**

8th 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 is needed for recording)**  
Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Church of Baptism: \_\_\_\_\_  
Complete Mailing Address: (include out of country address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 Profession of Faith (for office use only)

Height: \_\_\_\_ FT. \_\_\_\_ IN. (Confirmation Gown use)

T-shirt size \_\_\_\_\_ (Confirmation Retreat)

CONFIRMATION SAINT NAME \_\_\_\_\_

SPONSOR'S NAME \_\_\_\_\_

**(\*PAPERWORK IS NEEDED FOR BOTH NAMES SUBMITTED ABOVE CHECK RED FOLDER)**