



Sacred Heart Catholic Church  
2019 – 2020 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: