

Sacramental Register Information

Confirmation

This information will be entered into our Sacramental records: please print legibly.

Name: _____

Address _____

Home phone or Cell phone: _____

E-mail: _____

Date of Birth: ___/___/___

City/State: _____

Date of Baptism: ___/___/___

Church of Baptism: _____

Address: _____

Parents (at time of Baptism)

- Father: _____
- Mother (first and maiden names): _____

CONFIRMATION NAME: _____

SPONSOR'S NAME: _____

_____ **If baptism was at Holy Rosary, please check here.**

If not, we require a copy of your Baptismal Certificate.

Please return this completed form, and Baptismal certificate photocopy if applicable, to the parish Director of Education as soon as possible.

Thank you.