



Basilica of the Co-Cathedral of the Sacred Heart

Confirmation 2019-20 Registration Form

Candidate's Full Name: _____
First Middle Last

CANDIDATE INFORMATION

Familiar Name (name he/she prefers to be called): _____

Date of Birth: ____/____/____ Grade: ____ School: _____

FAMILY INFORMATION

Mother's full name: _____
Last First Middle Maiden

Mother's address: _____

City: _____ State: _____ Zip: _____

Mother's primary phone: _____

Mother's email: _____

Father's full name: _____
Last First Middle

Father's address (if different from mother): _____

City: _____ State: _____ Zip: _____

Father's primary phone: _____

Father's email: _____

If addresses are different, please indicate at which the Candidate resides: ____ Mother ____ Father

***Email is the primary form of communication for the Confirmation program**

If you do not check email regularly, please check here: ____ Email is not my best contact

____ This phone number is best to call for updates: (____) - ____ - _____

WHAT SACRAMENTS HAVE YOU RECEIVED?

Candidate was Baptized at the Basilica of the Co-Cathedral of the Sacred Heart? ____ Yes ____ No

If 'No', Church & City/State of Baptism Church: _____

Date: _____ City: _____ State: _____

First Eucharist Church: _____

Date: _____ City: _____ State: _____



Office Use only:

Sponsor Name: _____

Church, City & State: _____

Bapt. Cert. Rec'd _____/_____/_____

Letter to the Rector Rec'd _____/_____/_____

Confirmation Name: _____