

# Year I - Sacramental Preparation Request Form

Form last Updated on: January 26, 2017

By signing this form, I—the parent/guardian—am requesting that my child be brought into Full Communion with the Catholic Faithful through the Sacraments of Confirmation and First Eucharist. My child, whom I am requesting Full Communion for is:

## Baptismal Name:

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Confirmation Name: \_\_\_\_\_

*The Confirmation Name must be the name of a Canonized Saint.*

I understand that my child will not be fully initiated into the Catholic Faith until they have completed the three year program.

## Child's Information:

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

## Baptismal Information:

Date of Baptism: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Was your child Baptized according to the Eastern Rite of the Church?  Yes  No

*Please, provide a copy of the Baptismal certificate with this form. If your child was Baptized at the parish you will be receiving Confirmation, you need not provide a copy of your Baptismal certificate: we will already have it on file.*

## Parish Membership:

Our Family are registered parishioners of: \_\_\_\_\_

Our Family attends Mass:  Regularly  Occasionally  Seldom  Never

## Sponsor's Information:

*Sponsors MUST be practicing Catholic, confirmed, and in good standing. As such, they must turn in a letter of Good Standing from their Pastor. The sponsor must be at least 16 years old.*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Relationship to Sponsor: \_\_\_\_\_

# Year I - Sacramental Preparation Request Form Back

## Father/Guardian's Information:

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship to the Child (If not the Father): \_\_\_\_\_

## Mother/Guardian's Information:

*You may leave areas blank that are the same as the Father/Guardian's Information.*

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship to the Child (If not the Mother): \_\_\_\_\_

## Signatures for Sacramental Preparation Request:

Child's Signature: \_\_\_\_\_

Parent/Guardian's Name Printed: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

