

# Church of the Sacred Heart

## 2009– 2010 Confirmation Registration Form

Family Name: \_\_\_\_\_

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

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

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Students Name: \_\_\_\_\_ Gender: \_\_ Age: \_

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

High School Attending 2009-2010: \_\_\_\_\_ Grade: \_\_\_\_\_

### **Mandatory Information**

**Baptism Records:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Date)                      (Church)                      (City)                      (State)

Father _____ Religion _____ First                      Last	Mother _____ Religion _____ First <b>(maiden)</b>
Occupation _____	Occupation _____
Work Phone _____	Work Phone _____
Married ( ) Divorced ( ) Deceased ( ) Remarried ( )	Married ( ) Divorced ( ) Deceased ( ) Remarried ( )

**Registration Fee \$40.00**

**Amount Due** \_\_\_\_\_

**Amount Paid** \_\_\_\_\_ **Paid BY** \_\_\_\_\_

**Balance** \_\_\_\_\_

**Special Note:** \_\_\_ I would like to have the Director of Confirmation to contact me regarding financial and/ or special circumstances.