

St. Patrick's & Holy Cross Parishes

Preparation for Confession/Confirmation/Communion

(PLEASE PRINT ALL RESPONSES)

Candidate/Child Information:

1. Last/Family Name: _____
First Name: _____
2. Age as of September 2020 _____ Date of Birth: _____
3. Place of Birth _____
(CITY) (PROVINCE) (COUNTRY)
4. My child has already received: (please circle for each sacrament already received)
Baptism - Yes/No Confession - Yes/No Confirmation - Yes/No First Communion - Yes/No
5. Grade Level: _____
6. Name of School: _____
7. Religious Education (Number of months/years in ongoing catechesis not including Children's Liturgy)

Baptismal Information:

1. Date of Baptism _____
2. Name of Church _____
3. Church Address _____
4. City, Prov., Country _____
5. Postal/Zip Code _____

How long (years/months) have you been parishioners? _____ Registered – Yes/No

Which Community Mass would you regularly attend? HC at _____ St. Pat's at _____

Parents:

1. Father's first & last name _____
2. Mother's first & last name (maiden) before marriage _____

Contact Information:

1. Street Address _____
2. City/Postal Code _____
3. Phone Home: _____ Cell: _____
4. E-Mail Address _____

Allergy /Medical Concerns: _____

FOR OFFICE USE ONLY:

YEAR I _____	YEAR II _____	Baptism Cert. _____	SPONSOR'S NAME _____
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