

Saint Rose of Lima Confirmation Program

First ___ Second ___

Students Name: (Last) _____ (First) _____

Address: _____ Email: _____

Phone: 1. _____ 2. _____ 3. _____

School: _____ Grade: _____

Date of Birth: Month _____ Day _____ Year _____

Place of Birth: City _____ State _____ Country _____

Father's Name: (First) _____ (Last) _____

Mother's Name (First) _____ (Maiden) _____ (Last) _____

Student Lives With: Both Parents _____ Mother _____ Father _____

Other (Please Specify) _____

Emergency Contact During Class Time:

Name _____ Phone _____

Relationship to student _____

Does this student have any learning problems? Yes _____ No _____

Explain: _____

Does this student have any medical problems? Yes _____ No _____

Explain:

Has this student attend religious education classes in the past? If so, when and where? _____

PLEASE COMPLETE BACK

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STUDENT HAS RECEIVED THE FOLLOWING SACRAMENTS:

Baptism: Church _____ Date: _____

Address _____

City _____ State _____ Country _____

Penance: Church _____ Date: _____

Address _____

City _____ State _____ Country _____

Communion: Church _____ Date: _____

Address _____

City _____ State _____ Country _____

Are you registered in the Parish? Yes _____ No _____

If yes to above need church envelopes number. _____

CHURCH USE ONLY:

Baptismal Record Needed Yes No

1st Communion student Yes No

Amount paid _____
