HOLY CHILD PARISH Confirmation

Student's Name: _____Male / Female Date of Birth: _____

Mailing address: _____
Street City State Zip
Phone Numbers: Mom_____Dad_____Other_____

Parent Email: Mom_____ Dad_____

Student Email: _____

May we use your email and phone number to communicate through Flocknote?_____

Parents' Status: **Circle one**: Single parent, Married, Divorced, Remarried

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

Mother's Name (First) (Maiden) (Last): _____
Step Parent(s)or Guardian: _____

Parent's Religion: Father _____ Mother _____

Are you registered in the parish? (Circle) YES NO
Where do you attend mass? (Circle) Tijeras Chilili/Escobosa

Has student had previous religious education? Yes / No Grade Completed? _____

Where? _____ [Verified: _____]

	Sacrament Received	**Date**	**Church**	**City & State**
	Baptized			
	Reconciliation			
	First Communion			

Registration Date: _____ Grade: _____

Special Sacraments needed: Baptism, ____First Reconciliation,_____First Communion____

[Office Use Only: Parishioner #: _____ By _____, Fee pd. _____]