Confirmation Registration Form Sacred Heart Parish

Parker, AZ

DATE:	□ Parker	□Wenden
DATE.		
FULL NAME OF STUDENT:	6.	
DATE OF BIRTH:		
MAILING ADDRESS:		
HOME PHONE NUMBER	***************************************	
CELL NUMBER		
PARENTS/GUARDIANS NAME:	v	
□Yes/Si BAPTIZED □ No	DATE OF BA	APTISM:
PLACE:	Place	ommunion: □Yes/Si □ No :
To complete later/ Para completer después		
Sponsor's Name/Nombre Padrino/Madrina		
Confirmation Name		
	¥	
OFFICE USE ONLY:		
Documents Received /Documentos Recibidos		
Birth Certificate (if not baptized): □ Resent Baptism Certificate (if not baptized in this Parish): □ Copy of 1st Communion (if not done in our Parish): □ Copy of High School ID: Registration Fee (\$15):		