



**HOLY CROSS-PARISH**

Registration Date: \_\_\_\_\_

**Sacrament Registration: Confirmation & 1st Eucharist**

Please fill out one registration per candidate

**Candidate, Full Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
(First) (Middle) (Last)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
(Day) (Month) (Year)

**School:** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Current parish:** \_\_\_\_\_

**Church where Baptized** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Copy of Baptism certificate received** \_\_\_\_\_

\*\*\*\*If a candidate is to receive these sacraments outside your current parish, we will require written permission of your pastor. This must be sent to our parish office prior to the celebration. \*\*\*\*

**Father: Name:** \_\_\_\_\_ **Faith:** \_\_\_\_\_  
(First & Last)

**Phone: Home/Cell** \_\_\_\_\_ **Work:** \_\_\_\_\_

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

**Mother: Name:** \_\_\_\_\_ **Faith:** \_\_\_\_\_  
(First & Maiden)

**Phone: Home/Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

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

**Address/Postal Code:** \_\_\_\_\_

**Marital Status:** Married: Yes \_\_\_ Church of Marriage \_\_\_\_\_  
Single \_\_\_ Separated \_\_\_ Divorced \_\_\_

**Sponsor's Name:** (A sponsor must be a practicing Catholic, confirmed, 16 or older and in good standing with the Catholic Church.)

\_\_\_\_\_(Faith) \_\_\_\_\_

\_\_\_\_\_(Faith) \_\_\_\_\_

Office Use:  
\$30 Fee Paid \_\_\_\_\_

Please ensure that your child's legal/official name is written on this form, as it will be recorded this way in our official documents. Thank you.