



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.