

## SACRAMENTAL PREPARATION REQUEST FORM

By signing this form, I, the parent/guardian, am requesting that my child, a baptized Catholic, be prepared for the following Sacrament(s):

First Reconciliation     Confirmation     First Holy Communion

### Child Information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Confirmation Name: \_\_\_\_\_

*The Confirmation name may be chosen at a later date.*

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

### Baptismal Information:

Date of Baptism: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Was your child Baptized according to the Eastern Rite of the Church?     Yes     No

*Please provide a copy of your child's Baptismal certificate with this form unless your child was Baptized at the parish listed below.*

### Parish Membership:

Our family are registered parishioners of: \_\_\_\_\_

Our family attends Mass:     Regularly     Occasionally     Seldom     Never

**Sponsor Information:** May be filled out when known.

*Sponsors must be at least 16 years old and a practicing Catholic. Sponsors will be asked to turn in a Sponsor Request Form signed by their Pastor.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Parent/Guardian Information:**

**Relationship to the child:**     Father     Other: \_\_\_\_\_

Primary Contact

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Relationship to the child:**     Mother     Other: \_\_\_\_\_

*You may leave areas blank that are the same as above.*

Primary Contact

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***I agree to work with the Pastor and parish to prepare my child for the above sacraments. I understand that it is the Pastor's discretion as to when my child is sufficiently prepared to receive his/her sacraments.***

Child Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_