

SACRAMENTAL PREPARATION REGISTRATION

(This form registers your child as a student in the Parish School of Religion to receive the sacramental preparation for the reception of Confirmation. This form must be returned in order that your child be included in this preparation process. It requires legal names of both parents [mother's maiden name] and child.)

SACRAMENT PREPARING FOR: CONFIRMATION

**Date Sacrament to be received: APRIL 24, 2016 at St. Peter in Chains Cathedral
in Cincinnati, OH. Time 2 pm**

CHILD'S NAME: _____ (_____) M F
(Last Name) (First) (Middle) (Nickname)

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: (_____) **EMAIL** _____

FATHER'S NAME: _____
(FIRST) (MIDDLE) (LAST)

MOTHER'S MAIDEN NAME: _____
(FIRST) (MIDDLE) (MAIDEN)

CITY & STATE OF CHILD'S BIRTH: _____

DATE OF BIRTH: _____

AGE AT TIME OF RECEPTION OF CONFIRMATION: _____

*(One must be baptized Catholic **or** Received into the Full Communion of the Catholic Church in order to receive Confirmation.)*

DATE OF BAPTISM: _____ **1st Communion:** _____

CHURCH OF BAPTISM: _____

CITY AND STATE: _____

**IF BAPTIZED AT A CHURCH OTHER THAN
ST. COLUMBKILLE CHURCH OR HOLY NAME CHAPEL:**

**A COPY OF THE BAPTISMAL CERTIFICATE MUST BE
ATTACHED TO THIS REGISTRATION FORM before turning in to the office.**

This form and Baptismal certificate is Due by November 20, 2015.

CONFIRMATION NAME: _____

SPONSOR NAME: _____

The sponsor must have been confirmed in the Catholic Church. The sponsor is to have their home parish send a letter recognizing they are registered & attend church. Mail to:

Rev. Mike Holloran
ST. COLUMBKILLE CHURCH & Holy Name Chapel 73 N. MULBERRY STREET WILMINGTON, OHIO 45177
(937) 382-2236 OR (937) 382-1596 FAX (937) 382-3234
E-MAIL: margolewis@stcolumbkille.org
WEB SITE: www.stcolumbkille.org