



## Sacramental Preparation Registration for Confirmation 2012

**Candidate:**

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

Gender:  Male Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Female Email: \_\_\_\_\_

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

**Mother:**

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

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Father:**

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

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**In an emergency, if parents cannot be reached please contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please make sure that you complete ALL of the info below,  
including the Parish address.**

Candidate's Last Grade of Faith Formation Completed: \_\_\_\_\_

Program:  EDGE  SMM School  Other: \_\_\_\_\_

Candidate's Sacraments Completed:

	Date	Parish Name	Address
Baptism:	_____	_____	_____

1st Communion: \_\_\_\_\_

**If sacraments were received outside SMM, a copy of each certificate is required.**