

**REGISTRATION FOR CONFIRMATION  
OUR LADY OF SORROWS PARISH**

**2021 -2022**

**CHILD'S INFORMATION**

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
(first) (middle) (last)

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

School attending \_\_\_\_\_ Grade \_\_\_\_\_

Home telephone \_\_\_\_\_

Does your child reside with birth mother and father? \_\_\_\_\_

If not, with whom does your child reside? \_\_\_\_\_

Does this person have legal custody? \_\_\_\_\_

Is your child baptized? \_\_\_\_\_

If yes, date of baptism \_\_\_\_\_

In what denomination was your child baptized? \_\_\_\_\_

Place of Baptism \_\_\_\_\_

Address \_\_\_\_\_

Has your child received the Sacrament of Reconciliation \_\_\_\_\_

Has your child received the Sacrament of Eucharist \_\_\_\_\_

Parish where these Sacraments were received \_\_\_\_\_

Does your child have any on-going medical problems? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have special learning needs? \_\_\_\_\_

**PLEASE TURN OVER...**

### MOTHER'S INFORMATION

Mother's name \_\_\_\_\_  
(first) (middle) (maiden) (last)

Address \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

Mother's religion \_\_\_\_\_ Military Yes ( ) No ( )

If Catholic, have **you** received First Eucharist and Confirmation? \_\_\_\_\_

### FATHER'S INFORMATION

Father's name \_\_\_\_\_  
(first) (middle) (last)

Address \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

Father's religion \_\_\_\_\_ Military Yes ( ) No ( )

If Catholic, have **you** received First Eucharist and Confirmation? \_\_\_\_\_

**Mail should be addressed to:**

\_\_\_\_\_

**Email address:**

\_\_\_\_\_

### STEP-PARENT'S INFORMATION

Name \_\_\_\_\_  
(first) (middle) (last)

Address \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

Step-Parent's religion \_\_\_\_\_ Military Yes ( ) No ( )

Name that the child calls you \_\_\_\_\_

How many years have you been involved in this child's life? \_\_\_\_\_