

CONFIRMATION/1ST HOLY COMMUNION INTAKE FORM (CHILD) PAGE 1 OF 2

Required prior to receiving the sacrament of Confirmation or First Holy Communion.

Date: _____

Confirmation _____ First Holy Communion _____

CHILD INFORMATION AND PARENT/GUARDIAN CONTACT INFORMATION

Child's Name: _____
(Last) (Middle) (First)

Date of Birth (mm/dd/yyyy): _____ City _____ State _____
(Copy of birth certificate required.)

Baptism Date (mm/dd/yyyy): _____ City _____ State _____
(Copy of baptism certificate required.)

Address: _____
(street) (city) (state) (zip code)

Parent / Guardian Phone: (H) () _____ (W) () _____
(C) () _____

Parent / Guardian Email: _____

(If child is presented for a sacrament by an adult guardian, official documentation naming the adult as guardian is required.)

PARENT INFORMATION

Father's Full Name: _____
(Last) (Middle) (First)

Father's Religion: _____

Mother's Full Name: _____
(Last) (Middle) (First)

Mother's Religion: _____ **Mothers Maiden Name:** _____

Are parents married by a Roman Catholic priest or deacon? **Yes** ___ **No** ___

If not married by a priest or deacon, are parents married outside of the Church? **Yes** ___ **No** ___

(Copy of marriage certificate may be required.)

Are parents registered with the parish they are requesting the sacrament? **Yes** ___ **No** ___

If not registered with the parish, where are the parents registered?

Parish Name _____ City _____ State _____

(Must have express permission of the proper pastor for receiving Confirmation or 1st Holy Communion outside of their parish.)

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GODPARENT / SPONSOR INFORMATION

(Sponsoring adult must be a fully initiated Catholic in good standing with the Roman Catholic Church.)

Godparent/

Sponsor*:

Parish Name _____ City _____ State _____

(A pastor's letter of suitability for godparent/sponsor must be presented prior to receiving Confirmation.)

* If First Holy Communion then no sponsor is required; an existing godparent may be identified if desired. If Confirmation then one adult is named as sponsoring the child; the named sponsor may also be a godparent.

SACRAMENT PREPARATION PLAN

Summary of Religious Education for the child preparing for the sacrament: by the date of receiving the sacrament, please identify the following:

Years of instruction: _____ Number of classes: _____ Total hours of instruction: _____

Assessment of child's readiness to receive the sacrament:

Date: _____ Person (print name) _____ initial _____

Date: _____ Person (print name) _____ initial _____

Date(s) and time of Sacrament Preparation classes for parents and/or sponsor:

Date: _____ Hours: _____ Place: _____

Date: _____ Hours: _____ Place: _____

Date: _____ Hours: _____ Place: _____

OFFICE USE ONLY

Parents and/or sponsor have completed appropriate sacrament preparation? **Yes** ___ **No** ___

Sacrament preparation instructor name (for parents/sponsor): _____
(print name) (Initial)

Sacrament preparation instructor name (for child): _____
(print name) (Initial)

Date of Sacrament (mm/dd/yyyy): _____ Celebrant: _____

Certificate Made _____ Recorded in Sacramental Record _____
(date) (Initial) (date) (Initial)