

RELIGIOUS EDUCATION
OUR LADY OF THE SACRED HEART
INFORMATION SHEET
FOR CONFIRMATION CANDIDATES
(845)359-2141 Fax (845) 359-1410 or Email: olshre@optonline.net

Child's Name _____
(no nickname please)

Date of Birth _____ Age at Confirmation _____

Place of Birth _____
(city, state)

Father's Name _____
(first) (last)

Mother's Name _____
(first) (maiden name)

Church of Child's Baptism _____
(full name and address of church)

(Street, city, state & zip code)

Date of Baptism _____ Performed by _____

Godfather _____

Godmother _____

Church of Child's First Communion _____

(street, city, state & zip code)

Date of Communion _____ Performed by _____

Confirmation Sponsor's full name _____

Confirmation Sponsor's church and address _____

(street, city, state & zip code)

Confirmation name chosen _____

Please complete the above information and return to Religious Education Office..
This information is used to record your child's Confirmation in our Parish Registry
and in the registry of your child's Baptism.

Signature of Parent _____