Sacrament Preparation Enrollment & Permission Form

Student Information:

NAME: _____
First middle last

Date of birth: _____ ALLERGIES: _____

Parish of Baptism: _____

City/State: _____

Estimated date/year of baptism: _____

For Confirmation Candidates ONLY-

Parish of First Holy Communion: (include city/state) _____

Contact Information:

FATHER NAME: _____
First middle last

cell phone: _____ Catholic? ☐yes ☐no

EMAIL Address: _____

MOTHER NAME: _____
First middle MAIDEN last

cell phone: _____ Catholic? ☐yes ☐no

EMAIL Address: _____

EMERGENCY Contact: (not parent)

NAME: _____ cell phone: _____
First last

Parish Information:

Is your family registered at Resurrection? YES NO

If no, what parish are you registered? _____

Does your family attend Mass?

☐ At least weekly on Sunday
☐ A few times a month
☐ Once a month
☐ Other: _____

Parent/Guardian permission: I hereby request sacrament preparation for my son/daughter.

Signature: _____ Date: _____