

St. Simon Parish
SACRAMENTAL PREPARATION PROGRAM
Confirmation 2018-2019
CHURCH RECORD FORM

PLEASE WRITE CAREFULLY AND CLEARLY so that your child's Certificate is correct.

Please complete this form and return to the Rectory Office to Darcy Yaley OR dyaley@stsimon.org Thank you.

Child's Baptismal Name: _____
Last (Family Name), First Middle

Age: _____ as of 5/11/2019

Church of Baptism: _____ Date of child's Baptism: _____
MM-DD-YYYY

Child's Family's Mailing Address: _____
Street City City/State Zip

Father's Full Name: _____ Religion _____
First Middle Last

Mother's Full Name: _____ Religion _____
First Middle Maiden

Name of the Sponsor: _____

School Child Attends: _____ Grade: _____

Home/Cell. Phone: () _____ Email: _____

Name of Parish where family is **registered** (i.e. church office has a record): _____

Church of First Communion: _____ Date: _____
MM-DD-YYYY

Your child's Confirmation sacramental records will be sent to his/her church of Baptism where all required sacramental information is kept, so all the information below must be complete. If you need the church's address, it may be found on www.masstimes.org. Thank you.

If your child's church of Baptism is *outside of the U.S.A.*, please note below *how the church address is to appear* on the envelope, so that it may arrive at its destination. **Thank you.**

Name of Church: _____

Street Address of the Church of Baptism: _____

City, State and Zip Code of Church of Baptism: _____

Please return this form no later than October 31, 2018.

Please attach a copy of the Baptismal Certificate for your child if he/she was not baptized at St. Simon.