

# Holy Cross Church - CONFIRMATION Sacrament Registration 2021 – 2023

**Student's First NAME** \_\_\_\_\_ **Middle NAME** \_\_\_\_\_ **Last NAME** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_

**RECORD of BAPTISM:** If your child was not baptized at Holy Cross, his or her official baptismal certificate must be attached to this registration form.

Baptized at what Church? \_\_\_\_\_ Date \_\_\_\_\_

Are you members of Holy Cross Parish? \_\_\_\_\_ If not, what is your home parish? \_\_\_\_\_

My Child has received the sacrament of: **Reconciliation** Year \_\_\_\_\_ Church Received \_\_\_\_\_

**Eucharist** Year \_\_\_\_\_ Church Received \_\_\_\_\_

**Grade in Fall 2021** \_\_\_\_\_ **School Attending** \_\_\_\_\_

\*\*\*\*\*

**Main contact person(s):** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Primary address to receive mailings** \_\_\_\_\_  
House # Street

\_\_\_\_\_ City Zip  
**Secondary address to receive mailings (if necessary)** \_\_\_\_\_  
House # Street

\_\_\_\_\_ City Zip  
**Primary Phone** \_\_\_\_\_ **2<sup>nd</sup> Phone** \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

**\*\*Our primary means of communication is via email. Please print email addresses clearly. Please add our addresses to your contacts and watch carefully for our communications – even in your spam folder!\***

**Primary Email address:** \_\_\_\_\_

**2<sup>nd</sup> Email address:** \_\_\_\_\_

I give permission for my child listed above to participate in all activities for the sacrament of Confirmation. I will list on the back of this form, any medical concerns, food allergies or other personal situations that the Faith Formation Office needs to be aware of. In case of emergency, I hereby grant permission to a staff member or representative to act as an agent for me to consent to medical examination, treatment, hospital care, and/or to administer first aid for minor problems. On the behalf of my child, I assume all risk of personal injury, damage, and expense as the result of participation. I also give permission for the use of photographs and video of and including my child to be used in church publicity.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**FEE Confirmation      \$25.00**  
Checks payable to: Holy Cross  
[mary.toot@dor.org](mailto:mary.toot@dor.org)    [Elizabeth.Cilano@dor.org](mailto:Elizabeth.Cilano@dor.org)