

St. Stephen Catholic Church Confirmation Sacristy Record

STUDENT INFORMATION

Full Legal Name: _____ **Age:** _____

Nombre y apellido de niño/niña

Address: _____

Domicilio

City/State/ZIP: _____

Ciudad/Estado/Zona postal

Student Cell Phone: _____ **Student Email Address:** _____

Telefono celular

Date of Birth: _____ **City/State:** _____

Fecha de nacimiento

Ciudad/Estado

School: _____ **Grade:** _____

Escuela

Grado

Parish/Church Attending: _____

PARENT INFORMATION

Father's Full Name: _____ **Cell Phone:** _____

Nombre complete del Padre

Telefono celular

Mother's Full Maiden Name: _____ **Cell Phone:** _____

Nombre de soltera de la madre [primer nombre y apellido soltera]

Telefono celular

Email Address: _____

SACRAMENT INFORMATION: *INCLUDE COPY OF BAPTISM CERTIFICATE*

Date of Baptism: _____ **Church:** _____

Fecha de Bautismo

Iglesia

Address of Church: _____

Domicilio de iglesia

City: _____ **State:** _____ **Zip:** _____

Ciudad

Estado

Zona postal

FOR OFFICE USE ONLY

Sponsor Covenant Form on File: Yes No

Rite of Enrollment on File: Yes No

Copy of Baptism Certificate: Yes No

Registration Fee Paid: Yes No

Sponsor's Name: _____

Confirmation Name: _____

Confirmation Date: _____ **Church:** _____

Date Notification Sent to Parish of Baptism: _____ **Date Entered into Sacramental Records:** _____