

## Our Lady of Lourdes Catholic Parish Sacrament of Confirmation Registration

Student Name			Grade	Date of Birth	
Name of S	chool				
Favorite sı	ıbject/activ	ities			
Parent Email			Parent Cell Phone		
Emergency Contact			Relationship	Phone:	
Allergies, 1	nedical con	ditions, physical, ac	ademic or any other spec	ial assistance or concerns:	
Father's Name				Religion	
Mother's Name			Religion		
Mother's 1	Maiden Nar	me			
Baptism I	nformation	: If not baptized at	OLL, provide copy of ba	aptism certificate.	
(month)	(day)	(4-digit year)			
(church name)			(mailing address)		
First Com	munion Inf	formation:			
(month)	(day)	(4-digit year)	(church name)		
•		`	able to Our Lady of Lour al photography at Mass.	rdes Catholic Church). Cost for retreat to be determined.	
Parent/G	ıardian Sig	nature		Date	