



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

Student Name _____ Grade _____ Date of Birth _____

Name of School _____

Favorite subject/activities _____

Parent Email _____ Parent Cell Phone _____

Emergency Contact _____ Relationship _____ Phone: _____

Allergies, medical conditions, physical, academic or any other special assistance or concerns: _____

Father's Name _____ Religion _____

Mother's Name _____ Religion _____

Mother's Maiden Name _____

Baptism Information: If not baptized at OLL, provide copy of baptism certificate.

(month) (day) (4-digit year)

(church name) (mailing address)

First Communion Information:

(month) (day) (4-digit year) (church name)

Registration Fee: \$40 (cash or check payable to Our Lady of Lourdes Catholic Church).
Includes all class materials and professional photography at Sacrament of Confirmation Mass.

Parent/Guardian Signature _____ **Date** _____