

SACRAMENT OF CONFIRMATION REGISTRATION FORM

Name _____
(last) (first)

Address _____
(street) (city) (Zip)

Birth Date _____ Grade _____ School _____

Home Phone # _____ Parent Email _____

Emergency # _____ Emergency Person _____

Father's Name _____ Mother's Name _____
(provide first name & maiden name)

RECORD OF BAPTISM

A copy of baptismal certificate is required if your child:
was not baptized at OLMC Church -or- did not receive First Communion at OLMC.

Date of Baptism: _____

Church of Baptism: _____

Address of Church:

Street: _____ City: _____ State: _____ Zip: _____

RECORD OF FIRST EUCHARIST

Date of First Eucharist: _____

Church of First Eucharist: _____

CONFIRMATION INFORMATION

Name of Sponsor _____

Only one sponsor is to be chosen; sponsor cannot be the candidate's parent.

Sacrament Registration Fee: \$400

Please make check payable to Our Lady of Mount Carmel Church.

Submit form and payment to:

Our Lady of Mount Carmel Church, Religious Education Office, 10 County Road, Tenafly, NJ 07670