**A picture containing transport, wheel

Description automatically generatedSacramental Preparation Request Form – Year 2**

**CONFIRMATION & EUCHARIST – Grade 3 through 5**

**Jan. - May 2024**

**By signing this form, I – the parent/guardian – am requesting that my child be brought into Full Communion with the Catholic Faith through the Sacraments of Confirmation and First Eucharist – Year 2.**

**I understand and that my child will be not be fully initiated into the Catholic Faith**

**until they have completed this second year of our two-year program.**

**My child, for whom I am requesting these Sacraments is:**

**Baptismal/Given Name:**

First Name - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Information:**

Date of Birth - \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_Place of birth\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade \_\_\_\_School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State & Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Baptismal Information:**

Has your child been baptized? Y\_\_N\_\_ Catholic? Y\_\_ N\_\_ Another Christian Faith? Which?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Baptism - \_\_\_/\_\_\_ /\_\_\_\_\_\_\_

Church of Baptism - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* ***A copy of the Baptismal certificate MUST accompany with this form.***
* *If your child was baptized at St. Francis, a copy is not required. Please provide approximate baptismal date.*
* *If your child is* ***NOT******a baptized Catholic****, a different preparation will be required. Contact the Formation Office.*

**Reconciliation?**

Has your child celebrated their First Reconciliation? Y\_\_\_ N\_\_\_ If not, please contact Faith Formation Office.

**Father/Guardian’s Information:**

First Name - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child (if not the Father) - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother/Guardian’s Information:** *You may leave areas blank that are the same as above.*

First Name - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child (if not the Mother) - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parish Membership:**

Our family is registered parishioners of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If St. Francis, Envelope #\_\_\_\_\_\_\_\_\_\_\_

If not registered at St. Francis, permission to attend our Sacrament Preparation from your own pastor is required. Call the Faith Formation Office for more information.

Our family attends Mass Regularly \_\_\_\_ Occasionally \_\_\_\_ Seldom \_\_\_\_ Never \_\_\_\_

**Sponsor’s Information:** Your child will need a Confirmation sponsor.

Sponsor Requirements –

* Cannot be Parents of the child
* Must be at least 16 years of age or older
* Must be a Fully Initiated, registered, and practicing Catholic in good standing – *has rec’d Confirmation, First Communion, and, if married, married in the Catholic Church, and are active and contributing ($ or otherwise) at their parish.*
* If not from this parish, a letter from their current Pastor stating that they are in good standing is required.

If any questions, don’t hesitate to ask! Sponsor Information sheet & Letter of Good Standing Form is available. See website or contact the Formation Office.

**Signatures for Sacramental Preparation Request**

Child’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name – *printed* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_/ \_\_\_/ \_\_\_\_\_\_\_