

Christ the King

Catholic Parish
254-939-0806

Date: _____

Sacrament Registration and Request Form

Request for the Sacrament of: *Confirmation* *RCIA Initiation*

Please print clearly:

Youth's Last Name Youth's First Name Youth's Middle Name

Youth's Grade Youth's Age Home Phone Number

Church of Youth's Baptism City, State Baptismal Date

Saint's Name selected for Confirmation Sponsor's Full Name*

Father's Last Name Father's First Name Father's Middle Name

Mother's Last Name Mother's First Name Mother's Maiden Name

Home Address City Zip Code

Father's Cell Phone Email Address

Mother's Cell Phone Email Address

I understand that as the primary educator of my child in the Catholic faith, I will need to be in attendance at sacrament preparation classes and will work with my child on all assignments prior to receiving the sacrament. I agree to attend all parent meetings and will encourage my family to attend Mass regularly.

Parent Signature: _____

* Sponsors must be practicing Catholics must complete a Confirmation Sponsor Form.