Sacred Heart Church Faith Formation Office
720 Merrick Ave
North Merrick, Ny 11566
ctannehillshc@gmail.com

DUE JANUARY 27, 2027

Student Information

Name: _____

Address: _____

Confirmation Name (***one name***): _____

THIS IS THE NAME FROM YOUR SAINT REPORT

Date of Birth: _____

Date of Baptism: _____

Church of Baptism: _____

Address: _____

Parent Information

Father's Full Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

Sponsor Information

Full Name: _____

Current Parish: _____

Parish Town & State: _____

Relationship to Confirmation Candidate: _____