

Sacramental Preparation Registration Form
St. Thérèse, Little Flower Catholic Church
 54191 Ironwood Rd. 🌿 South Bend, IN 46635 🌿 (574) 272-7070

CONFIRMATION

Office Use Only:
 Fee: \$20.00 per child
 Paid: _____
 Check # _____ Cash: _____

Child Information

Please Print:

Child's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ City of Birth: _____ Child's religion: _____

Please list the location and date of each Sacrament your child has received:

Sacrament	Location	Date
Baptism		
First Reconciliation		
First Communion		

If your child has food allergies, please list them: _____

Parent Information

Father's name: _____ Religion: _____

If not baptized, would you like more information on becoming Catholic? _____

Mother's name: _____ (Maiden): _____

Religion: _____ *If not baptized, would you like more information on becoming Catholic?* _____

Address: _____

Home Phone Number: _____ Emergency Phone Number: _____

Dad's Cell Phone: _____ Mom's Cell Phone: _____

E-Mail address: _____

PLEASE RETURN THIS FORM AND FEES WITH YOUR REGISTRATION FORM AND FEES AT THE BEGINNING OF YEAR. Thank you!