**OUR LADY OF FATIMA**

**PRE-CONFIRMATION 2020-2021  10TH GRADE**

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| **$50 Registration Fee made out to:  Our Lady of Fatima Church**  **DEADLINE to Register:  August 28, 2020     (A $25 Late Fee will be assessed on forms after 8/28/20)**  **Return form and payment to:  Our Lady of Fatima Church Parish Office, 2319 Johnston Street, Lafayette, LA  70503** |

**NO FORM WILL BE ACCEPTED WITHOUT PAYMENTand BAPTISMAL CERTIFICATE!**

**PLEASE PRINT CLEARLY AND COMPLETE ENTIRE FORM**

**CANDIDATE’S LEGAL** NAME *(****NO initials or nicknames)*: NAME will appear this way on Confirmation Certificate!!!**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Gender:  M\_\_\_\_\_ F\_\_\_\_\_

     FIRST                                             MIDDLE                                      LAST

DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE:\_\_\_\_\_\_\_\_PLACE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                          MONTH/ DAY/ YEAR

MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

   (Preferred)                                         STREET                                                  CITY                                 STATE            ZIP CODE

HOME PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL (M)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL (F)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                                                 (Circle One)  **Text Accepted  Y  N** (Circle One)  **Text Accepted  Y  N**

Parent’s Main Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Candidate Attends:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade entering Fall 2018 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Baptismal Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Church of Baptism:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME of Child’s FATHER on Baptismal Certificate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                                                     First                               Middle                                Last  Church of Baptism Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                 (If **NOT** OLOF)                                          City                                            State |

First Eucharist:  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                                                         City                                                     State

FATHER’S FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELIGION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(as NOTED on BAPTISMAL Cert.)** First                            Middle                   Last

MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if different from above)                   Street                                                 City                                                    State                      Zip Code

MOTHER’S FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELIGION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(as NOTED on BAPTISMAL Cert.)** First                            Middle                   Last

MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if different from above)                   Street                                                 City                                                    State                      Zip Code

\*According to Church Law:  **Reception of the Sacraments should occur within the church parish a child is officially REGISTERED.  If you are currently NOT a registered parishioner of Our Lady of Fatima Roman Catholic Church, you MUST obtain a LETTER OF PERMISSION from the Church in which you ARE registered or in whose geographical boundaries you live.**

**Registered Member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Church Parish                                                 City                                  State

Office use only:

Registration Fee:  Amt. Pd. \_\_\_\_\_\_\_\_\_\_ Date Rec’d \_\_\_\_\_\_\_\_\_\_\_  Check # \_\_\_\_\_\_\_\_\_\_ Cash \_\_\_\_\_\_\_\_\_\_                       Revised 7/16/18