



APPLICATION FOR SACRAMENT OF CONFIRMATION

(Please Print)

NAME of Applicant: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ CELL: (____) _____ Cell: (____) _____

(Candidate)

(Parent/Guardian)

(Please Note: If you are not registered at Our Lady of the Lake Parish, you will need to get a letter of permission from your parish to participate in our program)

(Email) _____

PLACE OF BIRTH: _____ DOB: _____ AGE: _____

(City & State of Hospital)

Lives with: _____ Relationship to Applicant: _____

BIRTH PARENT'S INFORMATION (Required for Sacramental Records)

FATHER'S NAME: _____

(First)

(Middle)

(Last)

MOTHER'S NAME: _____

(First)

(Middle)

(Last)

(Maiden)

MOTHER'S CHURCH: _____

FATHER'S CHURCH: _____

If you are NOT BAPTIZED → STOP HERE!

If Baptized, Church of Baptism: _____ DATE: _____

(Church, City & State)

(Please attach or send to office a copy of your baptismal certificate which can be obtained from the church where you were baptized.)

Church of First Eucharist: _____ DATE: _____

(Church, City & State)

Fee for Sacramental Preparation: \$50.00 Adults (Financial Assistance Available)

Questions: Contact Mrs. Rita Testa - Rita@olleulid.org or Mr. Shawn Witmer - Shawn@olleulid.org

19951 Lake Shore Boulevard, Euclid, Ohio 44119 Euclid, OH 44119