

**Application for the Reception of the
Sacrament of Confirmation**

Our Lady of Hope Catholic Church

Name of person to be confirmed: _____

- RE student
- Our Lady of Hope student
- Homeschooled or Other School student

Parent Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Work phone: _____ Work phone: _____

Mobile phone: _____ Mobile phone: _____

E-Mail Address: _____

SACRAMENTAL RECORD

Date of Birth: _____ Place of Birth: _____

* Date of Baptism: _____ Church of Baptism: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Have you received First Penance? _____ Have you received First Communion? _____

*** Please submit a copy of the student's baptismal certificate to the RE office.**