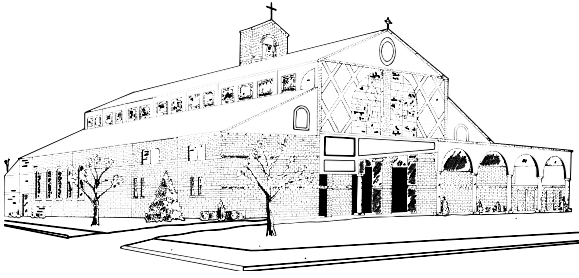


Confirmation Information Sheet



Seven Sorrows of the Blessed Virgin Mary Church

280 North Race Street, Middletown, PA 17057-2298
Phone: 717-944-3133 Fax: 717-944-1170

Date: _____

Student Name: _____
(Last) (First)

Date of Birth: _____ Current Grade: _____
(mm/dd/yy)

Father's Name: _____
(Last) (First)

Mother's Name: _____
(Last) (First)

Address: _____

Home Phone: () - E-mail: _____

Are you a registered member of this parish? YES NO *If yes, please leave Church Address blank*

Church of Baptism: _____

Address of Church: _____

Church of First Reconciliation: _____

Address of Church: _____

Church of First Holy Communion: _____

Address of Church: _____

If student was not Baptized or received First Communion at Seven Sorrows, please provide copies of the certificates with this form