

OLOR-Saint Linus Office of Religious Education

Office: 10300 S Lawler Ave
Oak Lawn, IL

Faith formation bldg: 10859 Ridgeland Ave
Chicago Ridge, IL

Mon-Fri 708-422-2400 x139

EMAIL: religioused@stlinusschool.org

SACRAMENTAL REGISTRATION

STUDENT NAME (as it appears on Baptismal certificate)

LAST

FIRST

MIDDLE

STREET ADDRESS

PHONE

CITY

STATE

ZIP

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BAPTISM

CHURCH OF BAPTISM

BIRTH MOTHER

FIRST NAME

LAST NAME

MAIDEN NAME

RELIGION

BIRTH FATHER

FIRST NAME

LAST NAME

RELIGION

AGE OF STUDENT AS OF FEBRUARY 1

SCHOOL STUDENT ATTENDS _____ GRADE _____

I understand that I will be involved in the preparation of my child for Confirmation and I commit myself to participate in the program. This preparation is IN ADDITION to the grade level curriculum in school and religious education. The program will include parent and sponsor meetings, opportunities for prayer, activities, service projects and formation sessions for my child, as well as some family experiences

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I will be 16 years or older at the time of the candidate's Confirmation. I have been baptized as a Christian and have also celebrated the other sacraments of initiation in the Roman Catholic Church--Confirmation and Eucharist. I am an active practicing Catholic in good standing with the Church, participating in its sacramental and community life.

First Last

| CITY | STATE | ZIP |
|------|-------|-----|
|------|-------|-----|

PARISH \_\_\_\_\_

**I ATTEST THAT I AM IN GOOD STANDING WITH THE PARISH I AM AFFILIATED WITH AT THIS TIME**

SPONSOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_