Our Mother of Sorrows & Holy Cross || Sacrament of Confirmation

Registration 2025-26

Youth Candidate's Name _____ Sex M F
Last First

Address _____

_____, NY _____ Date of Birth _____

Grade in Fall 2025 _____ Age _____ School Attending _____
(must be 8th grade or higher)

Does your child have any allergies or needs that should be known to contribute to their safety and success in class? Yes / No If yes, please note or discuss directly with Sacrament Coordinator: _____

_____

Parent's Names _____

Mother's Maiden Name _____

Parent Email (s): _____

Youth Candidate's Email (optional): _____

Home Phone: _____

Mother's Cell/Work: _____ Father's Cell/Work: _____

PLEASE NOTE: Sacraments are to be prepared and received through the parish which you are registered at.

Please confirm that you are presently registered at OMOS or Holy Cross: Yes / No

Name of Parish: _____

Church of Baptism _____

Date _____

Please provide a copy of the Baptismal Certificate.

One-Time Fee (covers 2 years) for Sacrament is $60.00

(Family max fee $100.00)

(Checks payable to Our Mother of Sorrows Church)

Please return this form to Cindy Lammes, Confirmation Coordinator.

FOR OFFICE USE ONLY

Amount Paid: _____ Date: _____

Cash: _____ Check#: _____ Initials _____