

Seven Sorrows of the Blessed Virgin Mary Church

280 N. Race Street, Middletown, PA 17057-2298

717-944-3133 I. ssbvm.org

CONFIRMATION INFORMATION SHEET

Student Name: _____
(Please Print) First Middle Last

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Gr: _____ Age: _____ Date: _____

PLACE OF BIRTH: _____
Hospital City/State

REGISTERED PARISHIONER OF:

___ Seven Sorrows BVM Parish

___ Other: _____ City: _____ State: _____

___ If "other", I must complete a "Permission to Receive" form, signed by my Pastor.

Chosen Sponsor's Name: _____

Chosen Saint's Name: _____

Father's Name: _____
(Please Print) First Middle Last

Email Address: _____ Phone: _____

Mother's Name: _____
(Please Print) First Middle Last and Maiden

Email Address: _____ Phone: _____

Please return hard-copy of the form to Lisa Fortunato. Scanned copies are not accepted.