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

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

_____
Email Address: Phone:

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

_____
Email Address: Phone:

REGISTERED PARISHIONER OF SSBVM

_____ Yes, I am a registered parishioner of Seven Sorrows BVM Catholic Church.

Chosen Sponsor's Name:_____

Chosen Saint's Name:_____

REGISTERED PARISHIONER OF "OTHER":

Parish Name:_____

Chosen Sponsor's Name:_____

Chosen Saint's Name:_____

___ Yes, I understand that to receive Confirmation at Seven Sorrows, I MUST attach a **signed and sealed "Permission to Receive Form" from my Pastor with this form.**