Immaculate Heart of Mary Parish
Office of Evangelization
400 Nilles Rd., Fairfield, OH 45014 – 513-858-4210

Confirmation Candidate

2026-2027 Registration

OFFICE USE ONLY
ID#
Date Confirmed:
Book #:
Page #
Entry #

Return to the office of Evangelization by October 1, 2026 with baptismal certificate (copy).
If your child was baptized at Sacred Heart or Saint Ann, NO BAPTISMAL CERTIFICATE is needed.

Candidate's Baptismal Name ______________________________
(First) (Middle) (Last)

Candidate's Address ______________________________
(Street) (City/State) (Zip)

Phone # ____________ Date of Birth ____________ Gender ______ Age _____
(Month/Date/Year)

Did this child attend REP or day school classes at Sacred Heart or Saint Ann last year? Yes No
If not, were they enrolled in a Catholic program elsewhere? Yes No (circle one)

If yes, where? ____________________

Place of Birth ______________________________
(City) (State)

Church of Baptism ______________________________
(name of Church)

Church Address ______________________________
(Street) (City/State) (Zip)

Candidate Baptismal Date: ____________________
(Month/Date/Year)

Date of First Eucharist: ____________________ AT ____________________
(Month/Date/Year) (church name)

Faith of each parent Mother ____________________ Father ____________________

Father's Name ______________________________
(First) (Middle) (Last)

Mother's Name ______________________________
(First) (Middle) (Maiden) (Last)

Home Phone: ____________ Mother's Cell ____________ Father's Cell ____________

Parent (or Guardian) email to send reminders to: ______________________________
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Legal Guardian (if other than parent) ______________________________
(First) (Middle) (Last)

Home Phone: ____________________ Cell phone: ____________________
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OFFICE USE ONLY
CONFIRMATION SAINT NAME ______________________________ FEAST DAY ____________________
Year 1 studies complete ☐