

Confirmation Registration Form 2024

CANDIDATE'S INFORMATION

First Name Middle Name Last Name

MAILING ADDRESS:

Street or PO Box City State Zip Code

CANDIDATE'S Cell Phone # _____ (updates will be sent through Flocknote)

Candidate's Date of Birth: _____ Date of Baptism: _____

Name and city of church you were baptized in _____

If you were baptized outside of Cooke County you must provide a copy of your Baptismal Certificate

FATHER'S INFORMATION

First Name Middle Name Last Name

MAILING ADDRESS:

Street or PO Box City State Zip Code

Cell Phone # _____ Home Phone# _____

Email _____

MOTHER'S INFORMATION (must have maiden name listed)

First Name Middle Name ****Maiden Name**** Married Name

MAILING ADDRESS:

Street or PO Box City State Zip Code

Cell Phone # _____ Home Phone# _____

Email _____

Please fill out this form and return it to the parish office by February 2, 2024.
Office Hours: M-F 8-4, Parish Office Drop Box (24 hrs), Sacred Heart Church, 212 E. 6th St,
Muenster, TX 76252, scan and email it to cvilla@shcmuenster.com or fax it to 940-759-4422.