Sacramental Preparation Enrollment Form

Updated September 29, 2021

By signing this form, I—the parent/guardian—am requesting that my child be brought into Full Communion with the Catholic Faithful through the Sacraments of Confirmation and First Eucharist.

Middle Name:	4
Last Name:	
Child's Information:	
Date of Birth: / /	Place of Birth:
Current Grade:	
Street Address:	
	Zip Code:
Phone:(
Dantism al Infarmation	
Baptismal Information:	Date of Baptism: / /
Church of Baptism:	Street Address:
	Zip Code:
Was your child baptized Roman Catholic?	Yes No Other:
**Please provide a copy of your child's Baptisn Xavier Parish in Petoskey.	mal Certificate if your child was <u>NOT</u> baptized at St. Fr
Parish Membership:	
Our Family are registered parishioners of:	

Father/Guardian's Information:	
First Name:	_
Middle Name:	<u> </u>
Last Name:	_
Street Address:	<u> </u>
City: State:	Zip Code:
Phone:(Work Phone:(
E-Mail:	_
Relationship to the Child (If not the Father):	
Mother/Guardian's Information: You may leave areas blank that are the same as the Father/G	Guardian's Information.
First Name:	_
Middle Name:	<u> </u>
Maiden Name:	_
Last Name:	_
Street Address:	_
City: State:	Zip Code:
Phone:(Work Phone:(
E-Mail:	_
Relationship to the Child (If not the Mother):	
Signatures for Confirmation First Eucha	rist Request:

Parent/Guardian's Name Printed:_____

Parent/Guardian's Name Printed:______

Parent/Guardian's Signature:_____

Date: ____/___/

Please return your completed form to the Parish Office.
You can drop it off, fax it to: (231) 347-4134,
email it to: ff@petoskeysfx.org,
or mail it to us at: 513 Howard St., Petoskey, MI 49770

