

**Our Lady of Mercy**  
**Confirmation Preparation Registration**

Name of Candidate \_\_\_\_\_

Sex: \_\_\_M\_\_\_F                      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

High School \_\_\_\_\_ Graduating Class of \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail (All Capital Letters Please) \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_ Preferred Phone # \_\_\_\_\_

**I have received:**

____ <b>Baptism</b>	<b>Name of Church</b> _____	<b>Year</b> _____
____ <b>First Communion</b>	<b>Name of Church</b> _____	<b>Year</b> _____
____ <b>Reconciliation</b>	<b>Name of Church</b> _____	<b>Year</b> _____

**Prior Instruction**

\_\_\_\_ **Catholic School**    **OR**    \_\_\_\_ **Religious Education**                      **Grades completed** \_\_\_\_\_

**Name of Church** \_\_\_\_\_

We will contact you if a copy of the candidate's Baptismal certificate or if make-up work is needed.

**Please return this form to Jennifer Kavanagh, Youth Minister**  
**50 Pascack Road, Park Ridge, NJ 07656**