

*Divine Mercy Catholic Church  
1940 N. Courtenay Parkway  
Merritt Island, Fl. 32953  
452-5955*

**Confirmation  
Sacrament Registration Form**

*Please print all information below. Thank you.*

1. Student's Name \_\_\_\_\_ Female  Male   
Last First Middle

2. Address \_\_\_\_\_  
Street City Zip

3. Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

4. Baptismal Information:

Name of Church \_\_\_\_\_ Date \_\_\_\_\_

**A copy of your child's Baptism Certificate is required for Confirmation. If your child was baptized at Divine Mercy please notify the religious education office so that the records may be located.**

5. Mother's Name \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Religion \_\_\_\_\_

6. Father's Name \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Religion \_\_\_\_\_

7. Legal Guardian, if different than above:

Name \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Relationship \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

8. Parent's e-mail address: \_\_\_\_\_

**Robe Information: Height: \_\_\_\_\_ Weight: \_\_\_\_\_**

**All students fee: \$35.00 due by December 10, 2008 (this includes the robe rental fee)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For Office Use Only**

Total Amount Due \_\_\_\_\_ Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

Date \_\_\_\_\_ Received by \_\_\_\_\_ Balance Due \_\_\_\_\_