



St. Theresa Catholic Church
P.O. Box 37
18-1355 Volcano Rd.
Mountain View, HI 96771
Ph: (808) 968-6233



Confirmation Registration

(Filling out form online, please save form to computer. Send as an attachment to email)

Parents, please attach a copy of the confirmand's Certificate of Baptism

Full name of Confirmand: _____

Sacraments: Confirmation: [] Yes [] No First Holy Communion: [] Yes [] No

Sex of Child: [] M [] F Birth Date _____ City, State of Birth _____

Family Address _____

(City) (State) (Zip Code)

Father's Name: _____ Phone: _____

First Middle Initial Last

Mother's Maiden Name: _____ Phone: _____

First Middle Initial Last

Confirmation Name _____ Age: _____

Date of Baptism: _____

Church of Baptism: _____

Church of Baptism Mailing Address: _____

Church of Baptism City, State, and Zip Code: _____

Sponsor:

Sponsor must be confirmed and practicing Catholics, at least 16 years old.

Sponsor Name: _____

If being received into the Catholic Church, please provide the following for your sacramental records:

Place of Birth: _____

Baptism Minister: _____

Godparents: _____

Office Verification:

Copy of Baptism: [] Yes [] No

Date of Confirmation: _____ Pastor or Bishop _____

Book ___ Page ___ No ___