



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: \_\_\_\_\_

### **Sponsors:**

**Sponsors must be confirmed and practicing Catholics, at least 16 years old. Only two names may be listed as Sponsors and must be one male and one female. If Sponsors are married, they must have all sacraments and be married in the church.**

Sponsor's Name: \_\_\_\_\_

Sponsor's 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 \_\_\_\_\_