2025-2026 REGISTRATION FOR SACRAMENT OF CONFIRMATION

	conciliation, complete	student must have received t ed Religious Education classes 5-2026.	
Father's Name			
Mother's Name	Mother's Maiden Name		
Address	City	State	Zip
Home Phone	Father's Cell	Mother's Cell	
Family E-Mail		Can we text you?	
Confirmation Candidates Full	Name		
Date of Birth	Age	Grade 2025-2026	
Name of School		School District	
Address of School	City	State	Zip
Baptism*: Date (month/day			
Parish Name Parish Address		State	Zip
First Reconciliation: Yes			F
First Communion*: Date Parish Name	(month/day/year)		
Parish Address	City	State	Zip
Please circle ALL GRADES of	Religious Education Com 5 6 7		e baptismal certificate*
Check here if you are in Your help is greatly apprecia	·	s a catechist, a substitute catechist	, or an office aide.
	Office L	lse	
Sponsor Name	Saint Name		