ST. MARK & ST. MATTHEW PARISH FAMILY

# Confirmation Registration

## Confidential

Please fill out one form per person

**Personal Information**

First Name: _____Middle Name: _____

Last Name: _____

Address: _____

Phone Number: _____ [ ] cell _____ [ ] Home

Email Address: _____

Date of Birth: _____ Place of Birth (City, State):_____

Father's Name: _____

Mother's Name (with maiden name):_____

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**Sacramental Information**

Baptism: SACRAMENTAL RECORD CERTIFICATE MUST BE PROVIDED FROM BAPTISMAL CHURCH WHICH INCLUDES ALL SACRAMENT INFORMATION UNLESS BAPTIZED AT OUR PARISH.

Church: _____Denomination:_____

Date of Baptism: _____ Church Address: _____

First Communion: Have you received your First Communion? (Y/N)

If yes—Church: _____Denomination:_____

Date of First Communion: _____ Church Address: _____

*Questions? Contact: Anne Lombard, Pastoral Assistant for Faith Formation*

*Phone: 206-796-9657 Email:anne@stmps.org*