CONFIRMATION REGISTRATION FORM
FIRST YEAR SACRAMENTAL PREP

Candidate's Name: _____
First Middle Last

Full Mailing Address: _____

City, State, Zip: _____

Reside with: ( ) Both Parents ( ) Mom ( ) Dad

Your Birth Date: _____ and Birth Place: _____

Baptized? (Yes or No) If yes, Where?

(Please attach a copy of your baptism certificate if it is not on file with the Parish Office)

_____
Name of Church City, State

Date of Baptism: _____

Your Denomination at Baptism: _____ Now: _____

Date and Place of First Holy Communion:

(Please attach a copy of your First Communion certificate if it is not on file with the Parish Office)

_____
Date Church City, State

Your Father's Name: _____
First Middle Last

His Religion: _____ His Cell: _____

His Email: _____

Your Mother's Name: _____
First Middle (Maiden) Last

Her Religion: _____ Her Cell: _____

Her Email: _____

Any physical, educational or health needs (i.e. allergies) we should be aware of ?

_____
Use the back of this form if more room is needed.

Rev. September 3, 2026