

# Confirmation Registration Form 2020-2021

Please circle your Parish: St. Lawrence St. Matthew

## Confirmation Candidate Information

Candidate's Full Name: \_\_\_\_\_

Candidate's Address: \_\_\_\_\_  
Street Address City State Zip

Candidate's E-mail: \_\_\_\_\_

Candidate's Cell Phone Number: \_\_\_\_\_ Text: Yes \_\_\_\_\_ No \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

## Baptismal Information (Please attach a copy of baptismal certificate to this form!)

Date of Birth: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Baptismal Church Name: \_\_\_\_\_

Baptismal Church Address: \_\_\_\_\_  
Street Address City State Zip

Has Candidate made their First Reconciliation: Yes \_\_\_\_\_ No \_\_\_\_\_

Has Candidate made their First Holy Communion: Yes \_\_\_\_\_ No \_\_\_\_\_

## Parent Information

Home Phone Number: \_\_\_\_\_

Mother's Full (Maiden) Name: \_\_\_\_\_  
(As shown on Candidate's Baptismal Certificate)

Mailing Address: \_\_\_\_\_  
(if different from Candidate) Street Address City State Zip

Phone: \_\_\_\_\_ Text: Yes \_\_\_\_\_ No \_\_\_\_\_ Email: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_  
(As shown on Candidate's Baptismal Certificate)

Mailing Address: \_\_\_\_\_  
(If different from Candidate) Street Address City State Zip

Phone: \_\_\_\_\_ Text: Yes \_\_\_\_\_ No \_\_\_\_\_ Email: \_\_\_\_\_

**DUE TO PARISH OFFICE BY SEPTEMBER 30, 2020**

Please return with \$60 Confirmation Preparation Fee

## **OFFICE USE ONLY:**

R.E.: \_\_\_\_\_ Payment: \_\_\_\_\_ Date: \_\_\_\_\_