

Confirmation Registration Form

General Information

Name of Candidate _____
First Middle Last

Address _____

City _____

Postal Code _____

Phone _____
Home Work Cell

E-Mail: _____

Father's Name _____

Mother's Name _____

Emergency Contact _____
Name Relationship Phone

Religious Background

Date of Birth _____

Place of Birth: City _____ Province _____

Church of Baptism _____

Address _____

Date of Baptism: Month _____ Day _____ Year _____

Did the Candidate complete a First Communion Program Yes _____ No _____

If Yes:

Church First Communion Received _____

Address _____

Date of First Communion: Month _____ Day _____ Year _____

I will fully participate in the Confirmation Program 2022 and do my best to complete all requirements.

Signature of Candidate: _____

I will support my child as he/she participates in the Confirmation Program 2022

Signature of Parent: _____