



Regional Confirmation

Jake Gerber, Director of Youth Discipleship
Regional Confirmation

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REGISTRATION FOR THE RECEPTION OF THE SACRAMENT OF CONFIRMATION

Please PRINT:

Student's Full Name: _____
First Middle Last

Address: _____ City _____ Zip _____

Father: _____
First Middle Last

Cell Phone: _____ Email: _____

Mother: _____
First Middle MAIDEN Last

Cell Phone: _____ Email: _____

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Student Date of Birth: ____/____/____ Place of Birth: _____

Student Date of Baptism: ____/____/____ Place of Baptism: _____

Student Date of First Communion: ____/____/____ Place of First Communion: _____

**If the Sacraments of Baptism and/or First Holy Communion were not received
at Queen of the Miraculous Medal, St. Mary Star of the Sea, or St. John the Evangelist, then a copy of the
certificates/records MUST be attached to this form.**

Parent Signature: _____

Confirmation Sponsor Chosen:

First Middle (MAIDEN) Last

RETURN THIS FORM BY FIRST MINI-RETREAT