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_____

For Remind Messages (with parental permission)

Student Cell Phone: _____ Student Non-School Email: _____

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