

ST. ELIZABETH ANN SETON CONFIRMATION REGISTRAION FORM

Please complete the registration form and email to Marie Zavala at mzavala@seton.org

PLEASE PRINT NEATLY

FULL NAME: _____ M F (maiden name) _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL Address: _____

OCCUPATION: _____ PLACE OF OCCUPATION: _____

WORK/EMERGENCY PHONE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

City, State

MOTHER'S MAIDEN NAME: _____

FATHER'S NAME: _____

PERSONAL DATA

Baptized Catholic: Yes ___ No ___ Name of Church _____

Location of Church _____

Date of Baptism _____

Godfather name _____

(First) (Middle) (Last)

Godmother name _____

(First) (Middle) (Last)

PLEASE PROVIDE WRITTEN CHURCH DOCUMENTATION OF YOUR BAPTISM

Eucharist: Yes ___ No ___ Catholic Church _____

Name of Church _____

Location of Church _____

Date of Eucharist (First Communion) _____

Circle all that apply: Single (never married) Married (currently) Divorced

Divorced and Remarried My previous marriages are already annulled

Widow/er My spouse needs an annulment

If Married, date of marriage and location _____

Name of spouse _____ Religion _____

CONFIRMATION INFORMATION FOR CHURCH RECORDS

Date of Confirmation _____ Presider _____

Name of Church: St. Elizabeth Ann Seton
2700 W. Spring Creek Pkwy., Plano, TX 75023

Your Christian Confirmation Name _____

Name of Sponsor _____

FOR OFFICE USE ONLY:

STAFF: INITIAL ITEM(S) YOU PROCESS: _____ FUN _____ CHURCH REGISTERS _____ KDX _____ COMPUTER
_____ Church of Baptism Notified