Confirmation Information Registration Form

STUDENT'S NAME:		
ADDRESS:	Town	Zip
AGE OF STUDENT:	CANDIDATE'S HEIGH	
HOME PHONE:		
FATHER'S NAME:		
	Maiden Name	First Name
	CONFIRMATION:	
	BAPTISMAL INFORMATION	
In order to record the Sacrament of Cor Please fill out appropriate information.	nfirmation, it is imperative that we have accurate	Baptismal information.
MY CHILD WAS N	BAPTIZED IN ST. FRANCIS CATHEDR. (Month)(Day) NOT BAPTIZED IN ST. FRANCIS CATH	(Year)
City/Town, State:	(Month)(Day)	(Year)
\$65 Fee Robe & Materials Faith Direct Link	FEE IS DUE AT THE TIME PAPER' TURNED IN ALL CHECKS ARE MADE PA "ST. FRANCIS CATHEI	YABLE TO:
RECEIVED THE SACRAMENT OF CARE REQUIRED TO OBTAIN A S	Sponsor's Information riend, or relative (EXCLUDING PARENTS) of t CONFIRMATION AND IS A PRACTICING CA SPONSOR CERTIFICATE FROM THEIR HOM THOSE FROM ST. FRANCIS.	ATHOLIC. ALL SPONSORS
Sponsor's Parish: Name of Church		Office Use: Fee: Check #: