

CONFIRMATION REGISTRATION

NAME _____ DATE OF BIRTH ____/____/____

ST. PATRICK'S SCHOOL () RELIGIOUS EDUCATION () OTHER PRIVATE SCHOOL () HEIGHT _____

Church of Baptism _____ Date of Baptism ____/____/____

Address of Church _____ City _____ State _____

Father's Name _____ Mother's First & Maiden Name _____

Name of Sponsor _____ Parent Email _____

Confirmation Name: _____

FOR CHURCH USE ONLY

Church of Confirmation: *St. Patrick's Church, Staten Island, NY*

Date: _____

Confirming Bishop: *Most Rev. Edmund Whalen*

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