

Fourteen Holy Helpers/St. John XXIII Confirmation Registration

Legal Name: _____ Address: _____

Phone #: _____ Date of Birth: _____ Age: _____

Present Parish: _____ Email Address: _____

Date and Place of Baptism: _____

(Date) (Church) (Street) (City) (State)

Church of Reconciliation: _____

Church of First Eucharist: _____

Residence: _____

(Street) (City) (Zip Code)

Father's Name _____

Mother's First and Maiden _____

****Questions for parents****

What can we do to help you grow in your faith? _____

Are you confirmed? _____ Would you like to be confirmed? _____

What topics are you interested in learning more about?

For Office Use: Confirmation Name _____ Confirmation Fee \$25.00 Paid:

Sponsor's Name _____ Amount: _____ Check# _____

Cash: _____