

*Sacrament of Confirmation*  
**Registration Form Year 1**  
*St. Cornelius Catholic Church*  
2020-2021

(Please type or print clearly)

Name of Candidate: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip

Home Phone: ( ) \_\_\_\_\_ Cell / Other: ( ) \_\_\_\_\_

Birthdate: \_\_\_\_\_ High School Attending this FALL: \_\_\_\_\_ Grade: \_\_\_\_\_

Is there anything you would like to share with us about your son/daughter that would help us to better serve them? (i.e. disabilities, health issues {seizures, allergies, medications, etc.} or recent changes in their life that might affect their experience) \_\_\_\_\_  
\_\_\_\_\_

Father's Full Name: \_\_\_\_\_  
Last First Middle

Mother's Full Name: \_\_\_\_\_  
Last First Middle

**Mother's Maiden Name:** \_\_\_\_\_

Parent's Email: \_\_\_\_\_  
(Email is our primary source of communication – please provide an email address that is checked regularly)

Church of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_  
*Please attach a copy of the Baptismal Certificate (Required)*

Church of First Communion: \_\_\_\_\_ Date of Communion: \_\_\_\_\_  
*Please attach a copy of the 1<sup>st</sup> Communion Certificate (Required)*

**For Office Use Only**

YEAR ENTERED INTO PROCESS: \_\_\_\_\_

FEE PAID: \$ \_\_\_\_\_ check # \_\_\_\_\_ cash # \_\_\_\_\_

Service Report Completed: \_\_\_\_\_

Baptismal Certificate:

1<sup>st</sup> Communion Certificate: