

Sacrament of Confirmation
Registration Form Year 2
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 or 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 in Class) _____

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)

(Disregard the following if provided during Year 1)

Church of Baptism: _____ Date of Baptism: _____
Please attach a copy of the Baptismal Certificate (Required)

Address of Church of Baptism: _____

Church of First Communion: _____ Date of Communion: _____
Please attach a copy of the 1st Communion Certificate (Required)

For Office Use Only

Year Entered into Process: _____ CONFIRMATION DATE: _____

Saint Report Completed: _____ Service Report Completed: _____

FEE PAID: \$ _____ - check # _____ cash # _____

Candidate's Confirmation Name: _____

Presiding Bishop: _____