

CONFIRMATION REGISTER INFORMATION

FAMILY NAME	CONFIRMAND'S FIRST NAME	MIDDLE	AGE
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STREET ADDRESS	CITY	STATE	ZIP	PHONE
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E-mail Address (please print legibly)

DATE OF BIRTH	DATE OF BAPTISM	BAPTISMAL PARISH NAME
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BAPTISMAL PARISH STREET ADDRESS	CITY	STATE	ZIP
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FATHER'S NAME	MOTHER'S NAME (FIRST)	MAIDEN NAME
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Paid	Due
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PLEASE RETURN THIS COMPLETED FORM, ALONG WITH THE CANDIDATE AND PARENT LETTERS, TO THE RELIGIOUS EDUCATION OFFICE NO LATER THAN NOVEMBER 5 AT 8:00 PM. NO EXCEPTIONS WILL BE MADE TO THIS DEADLINE DATE.

I WOULD BE INTERESTED IN BEING A MENTOR FOR THE CONFIRMATION PROGRAM.

PARENT'S NAME	ADDRESS	PHONE
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