

ST. CHARLES BORROMEEO REGISTRATION FOR CONFIRMATION

**(PLEASE PRINT or TYPE) Forms will not be accepted without the fee and copy of baptismal certificate.
(For baptismal certificate contact child's church of baptism)**

Confirmation Candidate _____

Birthdate _____ Age _____ Race _____ Sex _____ Phone _____

Mailing Address _____
(Street, City, State, Zip)

School _____

T-Shirt Size (circle one or write in): S M L XL XXL _____

Father's Name _____
Last First

Mother's Name _____
Last First Maiden

Parent's e-mail address: _____

Guardian (if applicable) _____
Last First Maiden

Phone: home _____ work _____ emergency _____

Has confirmation candidate received the following?

Baptism: Yes ___ No ___ Communion: Yes ___ No ___ Confession: Yes ___ No ___

Is family registered at St. Charles Church? Yes ___ No ___

If no, Name of Church Parish where registered: _____

Church where baptized: _____

Church location: _____
City State Zip

Do Not Write Below This Line (For CCD Staff)

Paid _____ Not Paid _____ Amt Paid _____ Cash _____ Check (#) _____

Form received by _____