	#
Family's Last Name	

St. Elizabeth Ann Seton Roman Catholic Church Confirmation 2024 Registration Form 💠

Child's Informatio	n:			
Child's Name:				
	(First)	(Middle)	(Last- ONLY IF DIFFER	RENT FROM FAMILY)
Name of school curr	rently attends:			
SEAS RE Program:	Yes No	RE Teacher's Nar	me:	Grade:
Child's Birthdate: _	(Month)	(Day)	(Ye	ar)
Baptism Date:		Milita	ary Record Number: _	(Only if applicable)
Church of Baptism:	(Name)	(Address)	(City, State &	& Zip) (Country, if not USA)
Copy of Baptismal C	Certificate is attached:	<i>Yes</i>	No	
Parent's Informati	on:			
Father's Full Name:	(First) (Middle)	(Last)	_ Religious Affiliatio	on:
Mother's Name:	irst) (Middle)	(Last)	_ Religious Affiliation	on:
	DEN NAME:	. ,		
	(First)	(Mide	dle)	(Last)
Home Address:	(Street)		(City, State & Zip)	
Home Phone: ()	Mobi	le Phone: ()	
Primary Email for co	orrespondence:			
Confirmation Guid	lelines:			
Regular attenKnowledge ofCompletion ofChoice of a s	idance at Mass and frequent dance at RE classes or case of the Church's basic teach of 20 service hours. aint name and completion	tholic school, and cor hings, practices, and p	nfirmation preparation m	eetings.

For Office Use: Completed Registration: ____ Copy of baptismal certificate: ____ Registration Fee - Paid: Amount_ Yes_ No_ Initials _

Attendance of Confirmation retreat and practice.

Letter to Pastor.

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	Family's Last Name	
ffice Use Only:		
onfirmation Information:		
Baptismal and Family Name:		
Confirmation Name:		
Confirmandi's Age at Confirmation:		
Church of Baptism:(Name)		
(Name)	((City & State)
Baptism Date:	Record #:	
Residence:		
Father's Name:		
Mother's Maiden Name:		
Name of Sponsor:		
case the sponsor is not able to attend the Ceremony, there s		
Name of Proxy:		