	#
Family's Last Name	

St. Elizabeth Ann Seton Roman Catholic Church

Confirmation Registration Form



Child's Informati	on:				
Child's Name:	(First)	(Middle)	(Last- ONLY IF D	IFFERENT FROM FAMILY)	
Name of school cu	rrently attends:				
SEAS RE Program	n: Yes No	RE Teacher's	Name:	Grade:	
Child's Birthdate:	(Month)	(Day)		(Year)	
			lilitary Record Numb	Oer:(Only if applicable)	
Church of Baptism	(Name)	(Address)	(City, S	State & Zip) (Country, if not USA)	
	Certificate is attached	d: Yes	No		
Parent's Informat	tion:				
Father's Full Name	e: (Middle	e) (Last)	Religious Affi	liation:	
Mother's Name:	First) (Middle	e) (Last)	Religious Affi	liation:	
MOTHER'S MAIL	DEN NAME:(First)		Middle)	(Last)	
Home Address:	(Street)		(City, State & Zi	p)	
Home Phone: (_)	M			
Primary Email for	correspondence:				
Confirmation Gui	idelines:				
Regular atteKnowledgeCompletionChoice of aChoice of sp	endance at Mass and free endance at RE classes or of the Church's basic te of 20 service hours. saint name and complet ponsor and a sponsor let of Confirmation retreat stor.	catholic school, and eachings, practices, a tion of saint paper. ter of eligibility.	confirmation preparat		

For Office Use:

No_

Yes_

Copy of baptismal certificate: ____

Initials _

Completed Registration: ____

Registration Fee - Paid: Amount_

	·	#_
	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:		