



**ST. MARTHA CATHOLIC CHURCH  
CONFIRMATION REGISTRATION FORM**

Name of Candidate: \_\_\_\_\_

Gender of Candidate: M      F      Saint Name (*required*): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City & State): \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Certificate received: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_

Address: \_\_\_\_\_

Date of 1<sup>st</sup> Communion: \_\_\_\_\_ Church of 1st Communion: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Local Address: \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Telephones: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Family Email Address: \_\_\_\_\_

Registered at St. Martha Parish?  Yes     No

If no, name & address of your church: \_\_\_\_\_  
\_\_\_\_\_

Sponsor Name <b>(If sponsor will be in attendance no proxy name is needed)</b>	Proxy		16 years of age or older		Baptized Catholic		Confirmed		Letter of Sponsorship Received	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

**FOR OFFICE USE ONLY**

Date of Confirmation: **MARCH 25 2020**

By: **BISHOP FRANK DEWANE**

Entered in Registry by: \_\_\_\_\_ Date \_\_\_\_\_ Volume #: \_\_\_\_\_ Page # \_\_\_\_\_ Row #: \_\_\_\_\_