



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 1st 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 (If sponsor will be in attendance no proxy name is needed)	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:

By:

Entered in Registry by: _____ Date _____ Volume #: _____ Page # _____ Row #: _____