

St. James Church

Registration for Confirmation

I hereby signify that I desire to become a candidate for the
Sacrament of Confirmation

Candidate's Name: _____

Age: _____ Date of Birth: _____

Candidate's Date of Baptism: _____

Candidate's Parish of Baptism: _____

Skip following section if St. James is the Parish of Baptism

Address of Parish of Baptism: _____

City: _____ State: _____ Zip Code: _____

*If Parish of Baptism is not St. James please provide
Baptismal Certificate at Parent Meeting*

Father: _____

Mother: _____

Maiden Name of Candidate's Mother: _____

Candidate's Address: _____

City: _____ State: _____ Zip Code: _____

Candidate's Phone Number: _____

Candidate's Email Address: _____

Candidate's School and Grade: _____

Please complete and return at parent / candidate meeting

