

St. Bernadette Parish
REGISTRATION FOR CONFIRMATION ~ GRADE 11
2017 - 2018



Family Name:	Phone No:	
Student Name:	Age:	Grade:
Address:	Town:	Zip:
Student Email:	Student Cell	
Parent Email:	Parent Cell	

We will communicate information by text and email to parents and students

Sacrament of Baptism

Church: _____ Date _____

Address: _____
Street City/Town

Father's Name _____ Mother's Maiden Name _____
First & Last First & Last

Student's Date of Birth _____ City/State of Birth _____

Please attach a copy of the student's baptismal certificate if they were not baptized at St. Bernadette Parish.

Baptized at St. Bernadette's _____

Registration Fee for Sacrament of Confirmation is \$150.00

Paid Yes ___ No ___ Cash: _____ Check # _____

Special Needs of the student:

Medical: _____

Educational: _____

Student has attended Religious Education Classes for the following grades.
(Please list) _____

~or~

Student attends a Catholic School _____

Student has received the following sacraments (check all that apply)

___Baptism___Reconciliation___First Holy Communion