

Confirmation Registration Form

Turn this form into the parish office or bring it to the first Confirmation night.

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State _____ ZIP _____

Phone: _____ Date of Birth _____

Church of Baptism _____

Address (Church of Baptism) _____

City _____ State _____ ZIP _____

Date of Baptism _____

School Attending _____ Grade _____

Father's Full Name _____

Father's Phone (_____) _____

Mother's Full Name _____
(Last Name and Maiden Name)

Mother's Phone (_____) _____

Email _____

Do you wish to receive updates by email? Yes ___ No ___

Interests and Activities:

*Please provide a copy of the candidate's Baptismal certificate. If the candidate was not baptized at Saint Paul Church, you can obtain a copy of their Baptismal certificate by contacting the church of their baptism. Have the Baptismal certificate sent directly to: Saint Paul Catholic Church, Confirmation Program, P.O. Box 1475, Valparaiso, IN 46384-1475.

_____ Check here if the candidate received their baptism at Saint Paul Church.