



Parish School of Religion – Confirmation Registration

Student's Name: _____ Prefers to be called: _____

(as shown on baptismal certificate)

First Middle Last

Address: _____ City, State, Zip: _____

Father: _____ Religion: _____

First Middle Last

Address: _____

Email: _____ Phone: _____

Mother: _____ Religion: _____

First Middle Maiden

Address: _____

Email: _____ Phone: _____

Date of Birth: _____ Place of Birth: _____

Profession of Faith: _____ (if applicable) Church: _____

Month Day Year

Date of Baptism: _____ Church of Baptism: _____

Church Address: _____

***Please send a copy of your child's Baptismal Certificate to psr@stjeanvianney.org.*

Date of First Communion (if not at SJV): _____ Church Received: _____

Current School: _____ Current Grade: _____

Please check the years that your child attended a Religious Education Program or Catholic School and write in the school or program that they attended:

	Kindergarten		6 th Grade
	1 st Grade		7 th Grade
	2 nd Grade		8 th Grade
	3 rd Grade		9 th Grade
	4 th Grade		10 th Grade
	5 th Grade		11 th Grade

For Office Use Only:

Religious Ed. Level: Year I _____ Year II _____ Year III _____

Copy of Baptismal Certificate: _____ YES _____ NO

CONFIRMATION DATE: _____ CHURCH OF CONFIRMATION: _____

SPONSOR: _____

SAINT NAME: _____