

St. Bernard and St. Philip
Confirmation Registration Form
SPRING SESSION 2010

Name: _____ Date of Birth: _____ Age: _____

Phone: _____ Email: _____

Address: _____

City: _____ ZIP Code: _____ Confirmation Name: _____
(if undecided, leave blank)

School: _____ Grade in School: _____

Church belonging to now _____ St. Bernard _____ St. Philip

Fall session Sept. thru Jan. _____ Spring session Feb. thru May _____

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Sponsor's Name: _____

Address: _____ City _____ Zip _____

Phone _____ Relationship to Candidate _____

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Father's Name: _____

Mother's Name(including maiden name): _____

Student lives with: Both parents _____ Mother _____ Father _____

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Sacraments celebrated by candidate: ___Baptism ___Eucharist ___Reconciliation

Where Baptized (Date, Parish, City, State): _____

Copy of Baptism Certificate (Please attach to registration form)

Did candidate receive First Eucharist at St. Bernard Parish? ___yes ___no

St. Philip Parish? ___yes ___no

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There is a \$145.00 registration fee for the Confirmation program. Please include payment with registration.

Amount _____ Paid: Cash _____ Check Ck# _____ Date: _____

Return to St. Bernard Parish, Attn: Nancy Baldschun by January 20, 2010