

**St. James Confirmation
Registration Form - 2017**

Participants Full Name: _____ Gender M/F

Address: _____

Postal Code: _____ Phone Number: _____

School: _____ Grade: _____ (as of Sept 2017)

Confirmation Name (when chosen): _____

Sponsor's Name: _____

Proxy (stand in person if needed): _____

Family Information

Mother's Name: _____ email _____ cell _____

Mother's Maiden Name: _____

Father's Name: _____ email _____ cell _____

Sacrament History

Church of Baptism: _____

Church of First Reconciliation _____

Church of First Communion _____

Copy of Baptismal Certificate Attached Y/N

Does your family attend Sunday Mass here at St. James Yes No

If not, do you attend Sunday Mass at another parish? Where? _____

***PARENTS ARE REQUIRED TO BE ACTIVELY INVOLVED WITH THE CLASSES. A PARENT MUST ATTEND EACH CLASS WITH THEIR CHILD.**