

REGISTRATION FOR CONFIRMATION

I hereby signify that I desire to become a candidate for the Sacrament of Confirmation and am currently in the process of preparing for the Sacrament of Confirmation at St. Dunstan Parish

Candidate's name _____

Address _____ Phone No. _____

City _____ State _____ Zip _____

Age _____ Date of Birth _____

Parish _____

Parish Address _____

Parent's Name(s) _____

Date of Baptism _____

Parish of Baptism _____

Address of Parish of Baptism _____

Date of First Eucharist _____

Parish of First Eucharist _____

Address of Parish of First Eucharist _____

Please print clearly and accurately. All dates must be complete (month/day/year). Please return this form to the Office of Religious Education.