

Fourteen Holy Helpers Confirmation Registration 2023-2024

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716-674-2180

Legal Name: _____ Address: _____ Home Phone # _____

Email address _____ Date of Birth: _____ Age: _____

Present Parish: _____

Date and Place of Baptism: _____

(Date) (Church) (Street) (City) (State)

Church of Reconciliation: _____

Church of First Eucharist: _____

Sacramental Fee of \$60 to cover the cost of materials, speakers, refreshments, and other incidentals.

Residence: _____

(Street) (City) (Zip Code)

Father's Name _____ Father's Cell Phone # _____

Mother's First and Maiden _____ Mother's Cell Phone # _____

Marital Status: ___Married ___Separated ___Divorced ___Single ___Widow/Widower

For Office Use: Confirmation Name _____ Confirmation Fee Paid:

Sponsor's Name _____ Amount: _____ Check# _____ Cash: _____