Fourteen Holy Helpers Confirmation Registration 2024-2025

religioused@14hh.org

716-674-2374

****Please make all checks out to Queen of Heaven Parish****

Legal Name:	Name: Address:			Home Phone #			
Email address	ressDate of Birth:		Age: Grade:		Grade:		
Present Parish:			High School Attending:				
Date and Place of Baptism:							
	(Date)	(Church)	(Street)	(City)	(State)		
Date and Church of Reconciliation: Date and Church of First Eucharist:						Registration Fee for all 14 HH Faith Formation Programs: \$75 for one student \$110 for two students	
Residence:						\$135 for three or more students	
(Street)		(City)			(Zip Code)	students	
Father's Name			Father's	Cell Phone #			
Mother's First and Maiden			Mother's Cell Phone #				
Marital Status:MarriedSepa	aratedDiv	orcedSingle _	Widow/Widowe	r			
For Office Use: Confirmation Name			Confirmation F	ee Paid:			
Sponsor's Name			Amount:	Check#			
			Cash:				