BLESSED ALOZIJE STEPINAC
CONFIRMATION REGISTRATION FORM
2013 - 2014

Child's Name: _____ _____ _____
First Last Middle

Date of Birth: _____ /_____ /_____ **Place of Birth:** _____ _____
Month Day Year City State

Parish Name: _____ **Parishioner:** ___ Yes / No ___

School: _____ **Grade in School:** _____

Date of Baptism: _____ /_____ /_____
Month Day Year

Place of Baptism: _____ _____ _____
Church City State

Date of Communion: _____ /_____ /_____
Month Date Year

Place of Communion: _____ _____ _____
Church City State

Confirmation Fee: $150 per family (Confirmation books, Bible, retreat, Bishop's fee and Church flowers)

(CERTIFICATE OF BAPTISM & COMMUNION ARE REQUIRED WITH THIS FORM)

Father's Name: _____ _____ **Religion:** _____
First Last

Cell Number: _____ **Email Address:** _____

Mother's Name: _____ _____ **Religion:** _____
First Last

Cell Number: _____ **Email Address:** _____

Home Address: _____
Street

_____ _____ _____
City State Zip Code

Home Phone Number: _____ _____ - _____

Emergency Contact: _____ _____ _____
Name Relationship Phone Number

Parent's Signature: _____ **Date:**_____

We kindly ask the parents to take an active part in the participation of their children for the Sacrament of Confirmation; to pray with their children, to take them to Church, to give them a good example, to be loving, kind and forgiving.... Let us all offer prayers and support to our youth. God loves them and so do we!