CONFIRMATION REGISTRATION

St. John the Evangelist Parish

Please complete this form and place it in the "FORMS TO GO TO OFFICE" folder on the back table. Attach a recent picture of your child, $25.00 fee and a copy of the child's baptism certificate. Thank you.

Child: _____
First Name Middle Name Surname

Father_____

Mother: _____

Address: _____
Street City/Province Postal code

Phone #: _____ Email:_____

School Child Attends:_____Grade:_____Room#_____

Parents signature_____ Today's date_____

****Attach a copy of child's Baptism Certificate**

Date and Place of Child's First Communion_____

_____

Date and Place of Child's First Reconciliation_____

_____

For Office use only:

Picture:_____ $25.00 Registration Fee_____ Baptism certificate:_____

Date Sacrament received:_____

Entered:_____ Date:_____