SS. Cyril and Methodius Catholic Church
REGISTRATION FOR: CONFIRMATION

Full name:

_____
First Middle Last Age

-Check here if Baptized at SSCM: _____
-Check here if received First Confession/Communion at SSCM: _____
- -
If Baptized somewhere other than SSCM, please complete the following:
-Name of Church where Baptized: _____

-Church Address, City, State, Zip: _____

-Date of Baptism: _____

****PLEASE PROVIDE A COPY OF THE BAPTISMAL CERTIFICATE****
- -
INFORMATION LISTED HERE SHOULD BE THE SAME AS ON THE BIRTH OR BAPTISMAL CERTIFICATE

Mother's name: _____
First Last

Mother's Maiden last name: _____

Father's name: _____
First Last
- -

Mailing address: _____

_____

Phone number: _____

Email address: _____

Student lives with (for children receiving the sacrament):_____
- -
CONFIRMATION NAME: _____
CONFIRMATION SPONSOR'S NAME: _____