

St. Patrick Catholic Church
SACRAMENTAL PREP REGISTRATION FORM
CONFIRMATION

PLEASE PRINT CLEARLY
 All information will be used for church records & certificates.

Student (Child) Information

Child's Full Name (as written on Baptismal Certificate):

First Name _____ Middle _____ Last _____

DOB: ____/____/____ Age: ____ Grade in Fall: ____ School: _____
(MM/DD/YYYY) (Now) (In Fall)

CERTIFICATE REQUIRED

You **MUST** attach a copy of your child's Baptismal Certificate if **NOT** baptized at St. Patrick .
BAPTISMAL CERTIFICATE: Certificate from Church where child was Baptized attached: _____
 My child was Baptized at St. Patrick Catholic Church in Canby on ____/____/____
(give exact or at least approximate date)

Father's Legal Name _____ Work Phone: _____

Mother's Legal Name _____ Work Phone: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone (s): _____

E-mail: _____

Fee Information

Confirmation Fee.....\$40

This does NOT cover retreat fees.

Please return all forms to:

St. Patrick Catholic Church
 PO Box 730
 Canby, Oregon 97013
 503-266-9411—stpatrickreligiouseducation@yahoo.com

OFFICE USE ONLY

Date Received: _____

Baptism Form:

Registration Fee:

Cash

Check #: _____

	\$ Total Fees Owed
	\$ Amount Paid
	\$ Balance Due

I agree to Sacramental Prep Requirements Outlined in the Confirmation Prep Requirements Form

x _____ Date _____ x _____ Date _____
 Youth Signature Parent Signature