

**St. John the Evangelist
Faith Formation Program
260 Harrison Street
Leonia, NJ 07605
201-944-4346**

religiouseducation@stjohnleonia.org

CONFIRMATION REGISTRATION FORM

(PLEASE PRINT)

Candidate's Name: _____
Last First Middle

Address: _____ Cell #: _____

****E-MAIL ADDRESS:** _____

Date of Birth: Year _____ Month _____ Day _____

High School Attending: _____ Year: _____

Parental release for photos taken during various events in program which may be sent to Local Newspapers,
Parish Facebook Page or Bulletin:

Baptismal Information: (Please attach a copy of Baptismal Certificate)

Name of Church _____

City & State _____

Date of Baptism _____

First Holy Communion:

Name of Church _____

City & State _____

Date of Communion _____

Father's Name: (in full) _____

Mother's Maiden Name: _____

**PLEASE FILL OUT COMPLETELY & LEGIBLY. SUBMIT ON OR PRIOR TO MEETING ON
SEPTEMBER 23rd ALONG WITH REGISTRATION FEE OF \$175.
PLEASE MAKE CHECKS PAYABLE TO: ST. JOHN'S FAITH FORMATION.**