

ST. MARTIN DE PORRES CATHOLIC CHURCH

Confirmation Registration

Name of Child: _____ Date of Birth: _____

Parents: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Best time to reach you: _____

Email: _____

Our Child received the Sacrament of Baptism at

_____ Church

on _____, _____.

We will provide a copy of our child's baptismal certificate.

Our Child received the Sacrament of First Eucharist at

_____ Church

on _____, _____.

We will provide a copy of our child's First Eucharist certificate.

In addition to attending mass regularly and being on time for class, our family will participate in the Confirmation program by:

Signature of parents: _____

