

Bap. Certificate. __
Sponsor Cert. __

CONFIRMATION REGISTRATION 2011

Candidate's Full Name _____

School _____ Grade _____

Date of Birth _____ Place of Birth _____

Date of Baptism _____

Parish of Baptism _____

City, State, Zip Code _____

Fathers Name _____

Cell Phone (_____) _____

Mother's Maiden Name _____

Cell Phone (_____) _____

Address _____

State _____ Zip Code _____ Home Phone(_____) _____

Are you a member of San Jose Parish? YES_____ NO_____

If NO, in what parish are you registered?_____

Name of the Sponsor_____

Address_____

Telephone No._____

Sponsor=s Parish_____

Address of Sponsor=s Parish_____

PLEASE RETURN THIS FORM TO THE PARISH OFFICE OR SCHOOL OFFICE NO LATER THAN NOVEMBER 17, 2011

A copy of the Baptismal Certificate (if not already on file at the school or parish office) must accompany this registration form. Thank you