

CONFIRMATION REGISTRATION 2020-2021

Bap. Certificate.____
Sponsor Cert.____

Candidate's Full Name_____

School_____ Grade_____

Date of Birth_____ Place of Birth_____

Date of Baptism_____

Parish of Baptism _____

City, State, Zip Code _____

Father's Name _____ Cell Phone (____)_____

Mother's Maiden Name _____ Cell Phone (____)_____

Address_____

State_____ Zip Code_____ Home Phone(____)_____

EMAIL ADDRESS:_____

Are you a member of San Jose Parish? YES_____ NO_____

Name of Sponsor_____

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PLEASE RETURN THIS FORM TO THE PARISH OFFICE OR SCHOOL OFFICE NO LATER THAN October 30, 2020

A copy of the Baptismal Certificate **must** accompany this registration form. Thank you.