

CONFIRMATION REGISTRATION 2021-2022

Bap. Certificate ____
Sponsor Form ____

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: _____

Are you a member of San Jose Parish? YES _____ NO _____

Name of Sponsor _____

Parish of Sponsor _____

***PLEASE RETURN THIS FORM—ALONG WITH A COPY OF
THE BAPTISMAL CERTIFICATE--TO DIANE FOLEY,
DIRECTOR OF RELIGIOUS EDUCATION, AT EITHER THE
PARISH OFFICE OR SCHOOL OFFICE BY
OCTOBER 1, 2021***