

SAINT ANN CATHOLIC CHURCH

Mr. Justin McCarty
561-832-3757 ext. 304
jmccarty@stannchurch.net

CONFIRMATION REGISTRATION

Please print clearly and fill out registration completely – all information is needed.

DATE:

Family Last Name
Child's last name First Middle
Date of Birth / / Age
Child resides with: (Please circle) Both Parents Mother Father Other
City State Zip Code
Mother's first name Middle name
Mother's Maiden name Mother's last name
Mother's home phone () - Cell phone () -
Mother's street address
City State Zip Code
Father's First Name Middle name
Father's Last Name
Father's home phone () - Cell Phone () -
Father's street address
City State Zip Code
Does the child take any medication or have any health problems? No Yes -If yes, please list medications and condition

Has child been Baptized? No Yes Date of Baptism / /
Name of Church
Street address
City State Zip Code
Has child received First Holy Communion No Yes Date / /
Name of Church
Street address
City State Zip Code

A Copy of the Baptismal & First Communion Certificates are required.

Is Family Registered at Saint Ann Church? No Yes Envelope #
If no - Name of church you are attending
Name of school child is attending GRADE
Did the child attend Religious Education at Saint Ann? YES NO If no, please provide us with a letter from your previous church stating participation in the religious education program.

CONFIRMATION NAME

Sponsor must be a practicing Catholic and will need to provide Sponsor Certificate or Letter from their church.

Sponsor First Name Last Name

For Office Use

Baptism certificate received First Communion certificate received
Sponsor certificate(s) received: Sponsor
Letter from previous parish received:
Notes/Remarks: