

SAINT ANN CATHOLIC CHURCH

310 North Olive Avenue
West Palm Beach, FL 33401

Religious Education Office
religious.education@sacwpb.org

REGISTRATION FOR CONFIRMATION

Please fill out registration completely – all information is needed!

Family Last Name _____

Child's last name _____ First _____ Middle _____

Date of Birth ____/____/____

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 _____

Date of Baptism ____/____/____

Name of Church _____

Street address _____

City _____ State _____ Zip Code _____

Date of First Communion ____/____/____

Name of Church _____

Street address _____

City _____ State _____ Zip Code _____

SPONSOR's Name _____

Phone _____ **Home Parish** _____

Phone: _____

Please NOTE: Sponsor must be a confirmed Catholic and if married, must be married in the Catholic Church, and must provide a letter from the parish they attend stating that they are active members of that parish. St. Ann's parish office does not follow up to verify this information. Thank you!