

ST.LANDRY CATHOLIC CHURCH
CONFIRMATION REGISTRATION

STUDENT'S FULL NAME _____

ADDRESS _____
(City) (zip)

PHONE NUMBER _____ Home _____ (Emergency) _____ Work _____
_____ Cell (Parents) _____ Cell (Student)

DATE OF BIRTH _____ (Month/Date/Year)

Place of Birth _____
(City) (State)

DATE OF BAPTISM _____ CHURCH _____

DATE OF 1ST COMMUNION _____ CHURCH _____

FATHER'S FULL NAME _____

MOTHER'S FULL MAIDEN NAME _____

Student lives with both parents _____ Mother _____ Father _____

(other living arrangements) _____

SCHOOL PRESENTLY ATTENDING _____

Please BRING or MAIL This COMPLETED FORM To The Church Parish Office In Valentin Hall by 12/31.

REGISTRATION FEE IS \$25.00

DATE PAID _____ CASH _____ CHECK # _____

INITIAL OF RECIPIENT: _____ RECEIPT # _____

ATTACH A CURRENT BAPTISMAL CERTIFICATE AND A LETTER OF PERMISSION FROM YOUR PASTOR IF NOT REGISTERED MEMBER OF ST. LANDRY CHURCH PARISH.