



CONFIRMATION YEAR ONE REGISTRATION / 8TH GRADE

This form **MUST** be completed and returned to the Religious Education Office.

A copy of baptism certificate **MUST** be attached. Please write clearly. Public School fee \$50.

Family Name: _____

Family Mailing Address: _____

Is your family registered at St. Helen Church? YES NO

If YES, what is your parish ID number: _____

If you do not know your parish ID, please call the Church office at 567-5129

Candidate's Name: _____ Gender: MALE FEMALE

Candidates Cell: _____ Date of Birth: _____

Include area code for texting purposes

Church of Baptism / Address: _____

Candidate's School presently attending: _____ Grade: _____

Candidates Date of Baptism: _____

Godmother's Name: _____ Godfather's Name: _____

Received First Eucharist? YES NO Received First Reconciliation? YES NO

Father's Full Name: _____

Father's Cell: _____

Father's Religious Affiliation: _____

Father's Email: _____

Mother's Full Name: _____ Maiden Name: _____

Mother's Religious Affiliation: _____

Mother's Cell: _____

Mother's Email: _____