

St. Landry Catholic Church Confirmation Registration

Please print all information

Student's Full Name: _____
(first) (middle) (last)

Mailing Address: _____
(address) (city) (state)

Contact Numbers:

Student Cell #: _____

Parent/Guardian Cell #: _____
(parent/guardian name & number) (parent/guardian name & number)

Emergency Contact Info: _____
(first) (last) (contact number)

Father's Full Name: _____
(first) (middle) (last)

Mother's Full Name: _____
(first) (middle) (maiden) (last)

School Attending for Present School Year: _____

Grade Level for Present School Year (circle): 8th 9th 10th 11th

Date of Birth: _____
(day) (month) (year)

Baptismal Date _____
(day) (month) (year)

Name of Church: _____

Location of Church: _____
(city) (state)

Student lives with: both parents ___ Mother ___ Father ___ Other ___

If other, please list _____

NOTE: Please include a copy of your child's Baptismal Certificate with notations.

Registration fee is \$25.00.

FOR OFFICE USE: Date Received: _____ Paid _____ Cash/Check # _____ RECEIPT # _____