

ST. LANDRY CATHOLIC CHURCH

CONFIRMATION REGISTRATION 2019-2020

PLEASE PRINT

STUDENT'S FULL NAME: _____

MAILING ADDRESS: _____

PHONE NUMBERS: STUDENT CELL: _____

HOME #: _____

PARENT'S CELL: (MOM/DAD) _____ (MOM/DAD) _____

EMERGENCY: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL MAIDEN NAME: _____

SCHOOL PRESENTLY ATTENDING: _____

DATE OF BIRTH: (DAY) _____ (MONTH) _____ (YEAR) _____

BAPTISM DATE: _____

NAME AND PLACE OF CHURCH: _____

1ST COMMUNION DATE: _____

NAME AND PLACE OF CHURCH: _____

STUDENT LIVES W/: BOTH PARENTS _____ MOTHER _____ FATHER _____ OTHER _____

IF "OTHER" CHECKED OFF, WITH WHOM: _____

NOTE: We MUST have a copy of your 1st Communion and Baptism Certificate with this registration.

Registration fee is \$25.00 Date Paid: _____ Cash/Check#: _____