

THE PARISH CHURCH OF ST. JAMES
CONFIRMATION REGISTRATION FORM
CONFIRMATION CLASS

FULL NAME:

ADDRESS:

DATE OF BIRTH:

_____ DAY _____ MONTH _____ YEAR

AGE:

SEX:

MALE

☐

FEMALE

☐

TELEPHONE NO:

HOME

WORK

MOBILE

EMAIL ADDRESS:

PLACE OF BAPTISM:

SIGNATURE OF APPLICANT:

(TO BE COMPLETED BY ANYONE UNDER 18 YEARS)

FATHER'S NAME

TELEPHONE NO:

WORK:

MOBILE:

EMAIL ADDRESS:

MOTHER'S NAME:

TELEPHONE NO:

WORK:

MOBILE:

EMAIL ADDRESS:

SIGNATURE OF PARENT (IF APPLICABLE):

FOR INTERNAL USE ONLY

COPY OF BAPTISM CERTIFICATE:

☐

YES

☐

NO

PASSPORT SIZE PHOTO:

☐

YES

☐

NO

