

**ST. BRIDGET SACRAMENTAL REGISTRATION FORM
CONFIRMATION**

PLEASE PRINT ALL INFORMATION

FULL NAME OF STUDENT AS IT APPEARS ON THE BAPTISMAL CERTIFICATE

Last: _____ First: _____ Middle: _____

_____ Current Address:

City: _____ State: _____ Zip: _____

Phone Number: _____ School Student Attends:

Date of Birth: _____ Age: _____

Mother's Full Name: _____

Mother's Maiden Name: _____

Father's Full Name: _____

Date of Student's Baptism: _____

Church of Student's Baptism: _____

City: _____ State: _____ Zip: _____

Church of the Student's First Reconciliation: _____

Church of the Student's First Eucharist: _____

Confirmation Sponsor's Full Name: _____

Saint's Name you have chosen for Confirmation: _____

Are you a registered member of St. Bridget Parish; that is have you filled out a census form?

Yes _____ No _____

If the student was not baptized at St. Bridget, we need a copy of student's

Baptismal Certificate before your student may receive a sacrament.