

QUEST/CONFIRMATION REGISTRATION FORM 2017-2018

**PLEASE COMPLETE THIS FORM AND RETURN IT TO THE PARISH OFFICE
BEFORE SATURDAY, SEPTEMBER 9, 2017**

PLEASE PRINT

GRADE (circle): 9 10 11 12

Name: _____

Confirmation Name (if you have chosen one): _____

Certificate Name: _____
(exactly as you want it to appear on your Confirmation Certificate)

Address: _____

City/State/Zip: _____

Phone: _____

Parent E-mail: _____

High School Attending: _____

Date of Birth (MM/DD/YYYY): _____

Date of Baptism (MM/DD/YYYY): _____

Parish of Baptism: _____

Note: If not baptized at SFX, please provide a copy of your Baptism Certificate.

Father's Name: _____

Mother's Name (include maiden name): _____

Sponsor's Name: _____

Address: _____

City/State/Zip: _____

TO BE COMPLETED BY PARISH OFFICE:

Confirmation Time: 10AM 2PM

Registration Fee (\$45) Paid on: _____