QUEST/CONFIRMATION REGISTRATION FORM 2020-2021

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE PARISH OFFICE BEFORE SATURDAY, SEPTEMBER 8, 2020

PLEASE PRINT	G	RADE (circle):	9	10	11	12
Name:						_
Confirmation Name (if you hav	e chosen one):				_
Certificate Name: (exactly as you war	nt it to appear	on your Confirm	atio	n Cert	tificate)
Address:			_			
City/State/Zip:			_			
Phone:						
Parent E-mail:						
High School Attending:						
Date of Birth (MM/DD/YYYY): _						
Date of Baptism (MM/DD/YYY	Y):					
Parish of Baptism: Note: If not baptized at SFX, ple			aptis	 sm Ce	rtifica	te.
Father's Name:						
Mother's Name (include maide	n name):					
Sponsor's Name (if chosen): _						
Address:						
City/State/Zip:						
TO BE COMPLETED BY PARISH OF	FICE:					
Confirmation Time: 10AM	2PM					
Registration Fee (\$50) Paid on:						