

CONFIRMATION REGISTRATION FORM

Yes, I am interested in being a part of the Confirmation Process for 2011-2012

Kindly return this form to the Parish Office or place it in the offertory basket by May 15th, 2011

PLEASE PRINT:

NAME of Candidate: _____

Date of Birth _____ Date of Baptism _____

Church of Baptism* _____

Address of Church of Baptism _____
Street

City _____ State _____ Zip _____

***NOTE: A copy of the Baptismal Certificate MUST accompany this form unless Baptism or Eucharist were received at St. Gabriel's.**

E-Mail for Candidate _____

E-Mail for Parents _____

Father's Name _____
First Last

Mother's (Maiden) Name _____
First Maiden

YOUR ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

In the fall of 2011, please indicate your SCHOOL: _____

HOME PARISH: _____

CHURCH OF FIRST EUCHARIST: _____

Please return by May 15th, 2011

Note: Our Confirmation program will begin in September 2011. Watch your mail for our calendar.

Questions: Call Karen Jubeck at 352-8282 or email at kjubeck@st-gabriel.org