

# Saint Cecilia Parish

## BAINBRIDGE ISLAND



### Confirmation Registration

Name of Child \_\_\_\_\_  
First Middle Last Date of Birth

Name of Child \_\_\_\_\_  
First Middle Last Date of Birth

School Attending: \_\_\_\_\_

My child was baptized:  at St. Cecilia Catholic Church  Other (please provide copy of baptism certificate)

Family is registered at St. Cecilia Parish:  Yes  No

Father's Name : \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Preferred Phone/Email for communication with parents:

Primary Contact

Mother's Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Father's Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Questions? Barbara Shields  
Pastoral Assistant for Faith Formation  
[faithformation@saintcparish.org](mailto:faithformation@saintcparish.org)  
206-842-3594

FOR OFFICE USE ONLY:

Payment Rec'd: \$ \_\_\_\_\_

Conf. Name: \_\_\_\_\_ PDS

Sponsor: \_\_\_\_\_ PDS

Recorded \_\_\_\_\_

Notification Made