

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? Stacy Dixon
Pastoral Assistant for Faith Formation
faithformation@saintcparish.org
206-842-3594

FOR OFFICE USE ONLY:

Payment Rec'd: \$ _____

Conf. Name: _____ PDS

Sponsor: _____ PDS

Recorded _____

Notification Made