



2305 West Main Street | Jefferson City, MO 65109 | TEL 573-635-7991 | FAX 573-635-0842 | [www.cathedraljc.org](http://www.cathedraljc.org)

## CONFIRMATION REGISTRATION FORM

We have put together an excellent Confirmation program that should be interesting, enjoyable and an opportunity to grow in our Catholic faith. The program this year will focus on how we as Catholics live out our faith in the world today. Each topic is designed to help the candidates continue the spiritual growth that started with Baptism and continued with Reconciliation and Eucharist.

Please complete this form and return it by then end of **September**, along with a copy of your Baptism Certificate.

**Please print clearly**

Full Legal Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Candidate's E-mail: \_\_\_\_\_

Candidate's cell #: \_\_\_\_\_

Father's cell: \_\_\_\_\_ Mother's cell: \_\_\_\_\_

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

Mother's Full Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_

Candidate's Date of Baptism: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City: \_\_\_\_\_

High School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

**CONFIRMATION SAINT NAME:** \_\_\_\_\_

**Please Note:** You will need to provide a copy of your Baptism Certificate regardless of where you were baptized.

IF YOU HAVE ANY QUESTIONS CONTACT:  
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