



2305 West Main Street | Jefferson City, MO 65109 | TEL 573-635-7991 | FAX 573-635-0842 | 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 _____, 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: _____

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:

Julie Gramlich, 573-664-4965, julieg@cathedraljc.org.

Joseph Powers, jpowers@sjcsmo.org