

SAINT JOHN PAUL II PARISH

Office of Religious Education

755 Central Avenue

Pawtucket, R. I. 02861

Telephone # 401-723-9463 ext 12

REGISTRATION FOR CONFIRMATION I

NAME: _____
(please include middle name)

ADDRESS: _____
(full address – including street address, city, state and zip code)

CITY: _____ STATE: _____ ZIP CODE _____

E-MAIL ADDRESS (Candidate): _____

E-MAIL ADDRESS (Parent): _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

HOME PHONE: _____ CELL PHONE: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL NAME: _____
(include mother's maiden name)

EMERGENCY CONTACT: _____

BAPTISMAL INFORMATION:

Church baptised at: _____

Address of Church (street, city & state) _____

Baptismal Date: _____

HIGH SCHOOL ATTENDING: _____

DAY/TIME CHOICE: Sundays @ 8:45 AM _____ Mondays @ 6:30 PM _____

\$50.00 Fee _____ PAID Check _____ Cash _____