

Saint Catherine of Siena Church

1310 Bayswater Avenue, Burlingame, CA 94010-4313 • (650) 344-6884 Fax: (650) 344-1022

CONFIRMATION REGISTRATION FORM

(Please **TYPE** or **PRINT CLEARLY**. Be sure of **SPELLING**.)

NAME OF CANDIDATE _____

DATE & PLACE OF BIRTH _____ DATE OF BAPTISM _____
(Mo., Day, Yr.) (City, State, Country) (Mo., Day, Yr.)

CHURCH OF BAPTISM _____ Catholic? Yes / No
(Name) (Address: City, State, Zip, Country) (Circle One)
(If Baptism at church other than St. Catherine-Burlingame, please include copy of Baptismal certificate)

CHURCH of 1st COMMUNION _____ Catholic? Yes / No
(Name) (Address: City, State, Zip, Country) (Circle One)

NUMBER OF YEARS ENROLLED IN RELIGIOUS EDUCATION? _____ PLACE? _____

HIGH SCHOOL _____ GRADE _____ Candidate E-mail _____

RESIDENCE _____
(# - Street Address) (City) (Zip Code)

TELEPHONE _____
(Home Phone) (Candidate-Phone) (Father-Phone) (Mother-Phone)

MOTHER'S NAME _____ E-mail _____
(First) (Middle) (**Maiden**) (Last)

FATHER'S NAME _____ E-mail _____
(First) (Middle) (Last)

FATHER'S RELIGION _____ MOTHER'S RELIGION _____

\$100 in parish REGISTRATION FEE
\$125 out of parish REGISTRATION FEE
Full amount included _____
or Partial payment included _____
or Signed note included _____
OPEN CONTRIBUTION _____
TOTAL AMOUNT _____

Teen Safety Certificate Enclosed _____ or
we choose to Opt-Out of Safe Environment Online
Training Course because
_____ my child has received or will receive
equivalent instruction in high school; or
_____ my child has received or will receive
equivalent instruction at _____.

Parent Volunteer Form included _____

I intend and consent to my son's/daughter's participation in all parish Confirmation calendared events.

(Parents' Signatures)

(over)