Divine Word Catholic Church

(440) 256-1412

Confirmation Registration Form

Please complete and return with $50 registration fee

Name_____

(Formal) First Middle Last

Address:_____

City Zip

Birthdate: _____ Age_____

Was your child baptized at Divine Word? _____

If no, *****Please provide a copy of Child's Baptismal Certificate*****

Parish_____

Date:_____

PARENTS:

Birth Father: _____

First Last

Birth Mother:

_____

First Last Maiden

E-mail contact: _____

Phone:_____

If Known, please complete:

Confirmation Name: _____

Sponsor's Name: _____

Sponsor's Home Parish:_____

Sponsor Certificate necessary if not a registered member of Divine Word Church