

# **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 1<sup>st</sup> 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 \_\_\_\_\_

NAME OF QUALIFIED CATHOLIC SPONSOR \_\_\_\_\_  
(Sponsor must be selected by Sept. 19<sup>th</sup>.)

\$175 in parish REGISTRATION FEE  
\$225 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 our family Opts-Out of the Teen Safety course and  
we take responsibility for educating our  
son/daughter in these areas of safety. \_\_\_\_\_  
Parent Volunteer Form included \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
(Parents' Signatures)

(over)