Our Lady of Mt. Lebanon-St. Peter Cathedral

Confirmation Registration Form

Last Name:	First:	Middle:
Date of Birth:	Place of Bir	th:
Baptism Date:	Chrismation Name:	
Place of Baptism:		
Officiant Name:		
(Please attach the Baptism ce	ertificate to this form, and	d email it to the church's office)
Section II: Parent's Informa	ation_	
Father's Full Name:		
Religion of Father:		
Mother's Full Name (including	ng maiden):	
Religion of Mother:		
Address:	City:	State:Zip Code:
Work/Home/Cell Phone:	En	nail:
Were the Parents married b	y a Priest?	
Section III: Godparent Info		
		Religion:
Godmother's Full Name:		Religion:
Name of Proxy:		
	Office Use	Only
ate of Confirmation:		Performed by:
ertificate issued by:		Date Certificate Delivered:
ertificate Delivered: Mailed o		