



Queen of the Rosary

Registration for the Parish Confirmation Program

In order for sacramental information to be entered into the permanent parish register, this form must be completed.

Student's Name _____ Birth Date _____

Address _____ Home Phone _____

City _____ State _____ Zip _____

Father's Name _____ Home Phone _____
First Last

Address _____ Cell Phone _____
If different from student's address or phone #

E-mail address _____

**Please note the DRE will be using E-Mail for announcements, information and reminders.*

Mother's Name _____
FIRST MAIDEN LAST

Address _____ Home Phone _____
If different from student's address or phone #

E-mail Address _____ Cell Phone _____

**Please note the DRE will be using E-Mail for announcements, information and reminders.*

Local Emergency Contact _____ Phone _____

Sacramental Record

Please send a copy of your child's Baptismal Certificate to the Religious Education Office.

Baptism: _____
Date Parish City State Zip

First Communion: _____
Date Parish City State Zip

Celebrated First Reconciliation: _____
Y/N