



Confirmation Candidate Baptismal Record

Name: _____
Last First Middle

Address: _____
Street Town/City Zip

Home Telephone: (____) _____ Cell Telephone: (____) _____

Father's Name: _____
First Middle Last

Mother's Name: _____
First Middle MAIDEN

Place of Birth: _____ Date of Birth: _____
Month / Day / Year

Baptism: _____
Month / Day / Year Parish Church Town / State / Zip

**If you were baptized at a parish
other than St. George please
attach a copy of your Baptismal Certificate to this form and submit at
time of registration. Simply call the baptizing parish and request a
copy of the certificate.
All registration materials are due by June 30th.**

If you have any questions please email confirmation@saintgeorgesparish.org or call 508-735-4633