



The Parish of Saint Catherine of Siena Religious Education Confirmation Registration – Spring 2027

Candidate Name: _____
Last First Middle
(please provide the candidates full and complete legal name, no nicknames)

Date of Birth: _____ Height: _____
For Robe

Home Address: _____
Street
City, State, ZIP Phone

Father's Name: _____
Last First Middle
(please provide the Biological Father's full and complete legal name)

Mother's Maiden Name: _____
Last First Middle
(please provide the Biological Mother's full and complete legal name)

Please Circle: Religious Education Student SCSS Student

Parish: ☐ My family is registered at St. Catherine of Siena Parish.
If not, please list parish where family is registered.

Parish Name, City/State

Baptism: ☐ Yes, my child was baptized at St. Catherine of Siena Parish.
If no, his/her Baptismal Certificate is required.

Date of Baptism: _____ Name of Church: _____

Address of Church: _____
Street, City, State, ZIP

First Holy Communion: ☐ Yes, my child received Communion at St. Catherine of Siena Parish.
If no, his/her Communion Certificate is required.

Date of Communion: _____ Name of Church: _____

Address of Church: _____
Street, City, State, ZIP