Cluster Parishes of Portsmouth/Chesapeake
Data For Confirmation Register
(Please print or type; do not use nicknames)

Name (First/Middle/Last): _____

Date of Birth: _____ City & State of Birth: _____

Church where baptism occurred:_____
                       Name of Church   City, State
(please provide copy of baptismal certificate)

Date of Baptism:_____

Father's Name (First/Middle/Last):_____

Father's Religion: _____

Mother's Name (First/Middle/Maiden/Last): _____

Mother's Religion: _____

Current Address: _____
                Street   City   Zip Code

Home Phone Number: _____ E-mail: _____

Sponsor's Name (First/Middle/Last): _____

For Office Use Only

Confirmation Date: _____

Name of Priest/Deacon: _____

Date Recorded: _____ Record Number:_____

Date entered in PDS: _____