

*Cluster Parishes of Portsmouth/Chesapeake
Data For First Eucharist/Confirmation Register*

(Please print or type; do not use nicknames)

Name (First/Middle/Last): _____

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

Date of Baptism: _____

Church where baptism occurred: _____

Name of Church

City, State

(please provide copy of baptismal certificate)

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

First Eucharist/Confirmation Date: _____

Name of Priest/Deacon: _____

Date Recorded: _____

Record Number: _____

Date entered in PDS: _____