



Church of the Nativity of the Blessed Virgin Mary

152 Main Street ↗ Brockport, New York 14420

Telephone 585-637-4500

Fax 585-637-4232

CONFIRMATION REGISTRATION

Candidate: _____ Age: _____
(First) (Middle) (Last)

Full Address: _____

Father's Full Name: _____

Mother's First & Middle Name: _____

Mother's Maiden Name: _____

Date of Baptism: _____
(Month, Day, Year)

Church of Baptism: _____

Church Mailing Address: _____
(#, Street)

(City, State, ZIP)

Parish of Registration: _____

Parish Mailing Address: _____
(#, Street)

(City, State, ZIP)

OVER

FOR PARISH OFFICE USE ONLY

Confirmation Name Chosen: _____

Sponsor's Full Name: _____

____ In Bulletin ____ In Sacr. Rec. Bk. ____ Sent to Church of Baptism/In NBVM Baptism Book
____ In PS ____ Certificate Given/Sent