

# Glen Cove Catholic - Religious Education Confirmation Registration Form

St Patrick       St Rocco       St Hyacinth

Child's Name      First: \_\_\_\_\_

Last: \_\_\_\_\_

Confirmation Name: \_\_\_\_\_

Sponsor's Name      First: \_\_\_\_\_

Last: \_\_\_\_\_

Father's Name      First: \_\_\_\_\_

Last: \_\_\_\_\_

Mother's First Name \_\_\_\_\_

Mother's Maiden Name  
(before she was married) \_\_\_\_\_

Church where child was baptized

Name of Church: \_\_\_\_\_

Address of Church: \_\_\_\_\_

\_\_\_\_\_

Date of Baptism (mm/dd/yy): \_\_\_\_\_

Child's Height (for the gown): \_\_\_\_\_

Please return the completed form along with the registration fee of \$100 to the parish office **no later than March 1<sup>st</sup>**.