



CONFIRMATION

DIVINE MERCY CATHOLIC PARISH

INFORMATION FOR PERMANENT RECORDS

The following information is needed for our permanent record books. Please fill out the form completely.

Student's Full Name: _____
First Middle Last

Address: _____
Street Address P.O. Box/Apt #

City State Zip

Date of Birth: _____

Place of Birth: _____
City State

Date of Baptism: _____

Place of Baptism: _____
Name of Church City State

Does the student have any allergies or special needs? _____

Father's Full Name: _____

Mother's Full Name: _____
Maiden Name

Mother's Phone: _____ Father's Phone: _____

E-mail Address: _____