Confirmation Registration From St. Thomas The Apostle 3774 Jackson Street. Riverside, Ca, 92503 951-689-1131 Ext.233



Candidate Information

| Full Name: | | | | Date: | | | |
|---|---|--|---------------------------------|-----------------------------------|--|--|--|
| Last | First | | M.I. | | | | |
| Maiden Name: | Date | of Birth: | | | | | |
| Address: | | | | | | | |
| | ret Address | Apartment/Unit # | | | | | |
| | City | | State | ZIP Code | | | |
| Phone: | | Email: | | | | | |
| *Relationship Status: single, engaged, | married in the catholic church, ma | arried Civilly, living | in a "free union" relationship, | divorced, widowed. | | | |
| | | mental Infor | | | | | |
| <u>Baptism</u> | ~ | | | | | | |
| Date of Baptism: | Church of Baptism: | | | | | | |
| | | | | | | | |
| Address: | | | | _ | | | |
| Street Address Phone: | City | | State | ZIP Code | | | |
| Father's Full name: | | | | | | | |
| Mother's Maiden Name: | | | | | | | |
| | | | | | | | |
| First Holy Communion: I have | ve 🗌 I Have not 📗 received my | first Holy Commun | ion | | | | |
| Date Received: | Church where received: | : <u> </u> | | | | | |
| Address: | | | | | | | |
| Street Addres | s | City | | ZIP Code | | | |
| Phone: | | | | | | | |
| | Confirmat | ion Sponsor I | nformation | | | | |
| First Name: | | | Last Name: | | | | |
| *You will need to provide your S within two months after registering | | e and if married th | eir Catholic Marriage Certific | cate (not their marriage license) | | | |
| | Emerge | ncy Contact Inf | ormation | | | | |
| First Name: | Last Name: | | Relationship: | | | | |
| | Addre | | | | | | |
| | | Flocknote | | | | | |
| Flocknote App / email authorization app" and or receive email communichanges, reminders, Important upda coordinator via email and staying u | ications for, first Holy Communio ates, etc. If you decide to NOT do | nator at St. Thomas n <i>and or</i> adult confi | rmation classes. The app and o | r email is used to communicate | | | |
| Signature: | | | I | Date: | | | |

For Office use Only Confirmation Year 20____ All required documents turned in: Yes / NO Received by (please print) _____ Date: ____

| Full Name: | | | | | | |
|---|-------------------|-----------------|------------------------|--------------------------|---------------------------------------|---------------------------------------|
| | First Name | | Middle Name | | Last Name | |
| Address: | Street Address | | City | | State | Zip Code |
| | | | City | Email: | | |
| Thone | | | | | | |
| ome Parish & City: | | | | | | |
| gistered:Yes | No need | s to registe | r: only for sac | cramental pr | ер | |
| ss attending: <i>Saturd</i> | ay vigil5pm | ո Sunday | 7am9am11ar | n Spanis | sh 1:00 pn | n English 5p |
| andidate has permission | | | | | | |
| ndidate will provide proof | of permission for | m nome parisi | n to attend the proces | s nere at St. 1 | nomas tne | Apostie |
| | | | | | | |
| ıcharist: | | | | | | |
| s received his/ her Fi | rst Holy Comm | nunion: | Yes No | | | |
| nurch where sacrame | - | | | | | |
| ovided First Commur | | | | | | |
| orking on getting certifi | cate or proof wil | I have it by: | | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
| ill need to provide an a | ffidavit: | | | | | |
| rovided Sponsor's Co rovided sponsor's Cat mergency Contact | | | | is married: ₋ | Yes _ | No |
| nme: | R | elationship | : | | | |
| none #: | Ema | ail: | ado | dress: | | |
| | | | | | | |
| | | Regis | tration Fee: \$140.0 | 00 | | |
| | Paid: \$ | Date: | Balance: \$ | Date: | | |
| | Paid: \$ | Date: | Balance: \$ | Date: | | |
| | Paid: \$ | Date: | Balance: \$ | Date: | | |
| | Paid: \$ | Date: | Balance: \$ | Date: | | |