

*Divine Word Catholic Church*

(440) 256-1412

**Confirmation Registration Form**

**Please complete and return with \$40 registration fee**

NAME \_\_\_\_\_  
(Formal) First Middle Last

ADDRESS: \_\_\_\_\_  
City Zip

PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ Age \_\_\_\_\_

**\*\* Please provide a copy of Childs Baptismal Certificate\*\*\*\*\***

PARENTS:

BIRTH FATHER: \_\_\_\_\_  
Last First

BIRTH MOTHER:

\_\_\_\_\_  
Last First Mothers Maiden

E-mail contact: \_\_\_\_\_

CONFIRMATION NAME: \_\_\_\_\_

SPONSOR'S  
NAME: \_\_\_\_\_

SPONSOR HOME  
PARISH: \_\_\_\_\_  
Address City State

**\*\*Sponsor Certificate necessary if not a registered member of Divine Word Church.**