

Application for St. Kevin Confirmation Program

Please Print

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

DOB: _____ Grade: _____ School Attending: _____

Parish: _____

Father's Full name: _____

Mother's full **maiden name**: _____

Month, Day, & Year of Baptism: _____

Complete address of the church where you were baptized : _____

**PLEASE ATTACH A COPY OF YOUR BAPTISMAL
CERTIFICATE WITH THIS FORM WHEN YOU REGISTER
EVEN IF YOU WERE BAPTIZED AT ST. KEVIN.**

For Office Staff Only

Fee: \$35

Date Paid _____

Check

Cash

Check # _____