

**St. Stephen the Martyr Catholic Church
Confirmation Registration Form**

Name _____
First Middle Last

Address _____
Street City Zip

Home Phone _____ Another Contact No. _____

Date of Birth _____ Age _____ Place _____
(City/State)

E-Mail _____

School _____ Parish _____

Mother's Name _____
First Maiden Last

Father's Name _____

+++Baptism/Communion Information+++

Please Print

Baptism _____ Date _____
[name of church]

Address _____
Street City/State Zip

First Communion _____ Date _____

Address _____
Street City/State Zip

Please return completed form with a copy of your student's baptismal certificate. Make check payable to St. Stephen the Martyr

FEES: \$50.00

Religious Education Office*5373 Wydella Road*Lilburn, GA 30047

Confirmation Name _____

Sponsor _____

Sponsor's Parish _____