Diocese of Great Falls – Billings, MT

Holy Spirit Parish

Registration for <u>Completion of Initiation</u> – <u>Confirmation with Eucharist</u> $Baptized \ Children \ 2^{nd} - 6^{th} \ Grade$

Candidate's Baptis	mal Name		
Date of Birth	City		& State of Birth
	Current Age	Grade	_
Date of Baptism	month	_ day	_ year
Place/Church of Ba	aptism		
City			State
			Please Attach Copy of Certificate
	Other than Ho	oly Spirit, please a	attach a copy of the Baptismal Certificate.
Father's Name			Religion
	First	Middle	Last
Mother's <u>Maiden</u> N	Name		Religion
	First	Middle	<u>Maiden</u>
Is your family regis	stered in Holy Spir	rit Parish?	
n no, which parish	are you registered	!	
Is this Confirm (meaning child	•		ommunion & Reconciliation)
All in	nformation is due	by October 16	for the 2016-17 School Year
Office Notes:		 1	
			For Office Use: C N FC Comp