Diocese of Great Falls – Billings, MT

Holy Spirit Catholic Parish

Registration for **Completion of Initiation – Confirmation with Eucharist**

Baptized Children 2nd – 5th Grade

Candidate's Baptismal Name_____

Date of Birth _____ City _____ & State of Birth_____

Current Age____ Grade____

Date of Baptism month _____ day _____ year _____

Place/Church of Baptism_____

City _____ State _____

Was baptism Catholic? **Y** **N** Please Attach Copy of Certificate

Other than Holy Spirit, please attach a copy of the Baptismal Certificate.

Father's Name _____ Religion _____

First **Middle** **Last**

Mother's Maiden Name _____ Religion_____

First **Middle** **Maiden**

Preferred phone_____ cell ___ home ___ work ___ Name _____

Is your family registered in Holy Spirit Parish? ___ yes ____no

If no, which parish are you registered? _____

Is this Confirmation Only? ____yes
(meaning child has received 1st Holy Communion & Reconciliation)

All information is due by November 22 for the 2017-18 School Year

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Office Notes:

For Office Use: C__ N__ FC__ Comp ___