

St. Rose Catholic Church



St. John Catholic Church

Parish Office Building

222 S. West Street

Lima, Ohio 45801

Sacramental Register for Confirmation

CHILD'S NAME _____
First Middle Last

ADDRESS _____
Street City Zip

HOME PHONE _____

MOTHER'S NAME _____
First Middle Maiden Name

FATHER'S NAME _____
First Middle Last

CHILD'S DATE OF BIRTH _____

CHILD'S CHURCH OF BAPTISM _____

Address Date of Baptism

MOTHER'S CHURCH OF BAPTISM _____
City State

FATHER'S CHURCH OF BAPTISM _____
City State

ARE YOU CURRENTLY PRACTICING THE CATHOLIC FAITH? _____
Yes No

PROGRAM FEE- \$25.00 _____
PAID NOT PAID

Revised 2010