

**Confirmation Registration Form**

2019-2020

St. Margaret's Church Office of

Faith Formation

203 Roxboro Rd

Mattydale, NY 13211

315-455-2203

dbateman@syrdio.org

Candidate's Name \_\_\_\_\_

Address (street, city zip) \_\_\_\_\_

\_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

Student Phone# \_\_\_\_\_

(optional)

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parish \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Baptism Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

First Communion Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

First Reconciliation Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

**Please fill out an return to Dakota Bateman in the Faith Formation Office at  
your earliest convenience.**

**Thank you!**

**Registration Fee: \$40 for two years \$25 if you attend a Catholic school.**