

St. James Catholic Church

Confirmation Registration Form

All information will be used for church records & certificates
(Please Print Clearly)

Child's full name as shown on their Baptismal Certificate **Had 1st Communion?** Yes / No (circle one)

First Name: _____ Middle: _____ Last: _____

DOB: ____/____/____ Age: ____ Grade in Fall: ____ School: ____
(MM/DD/YYYY) (Now) (In Fall)

Name of Sponsor: _____ Confirmation Name: _____

CERTIFICATE REQUIRED

You **MUST** attach a copy of your child's Baptismal Certificate if **NOT** baptized at St. James Catholic Church.

BAPTISMAL CERTIFICATE: Certificate from Church where child was Baptized attached: ____

My child was Baptized at St. James Catholic church in Molalla on ____/____/____.

If child is **NOT** baptized, please check this box ☐

Guardian/Father's Legal Name: _____ Phone: _____

Guardian/Mother's Maiden Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

Fee Information

Confirmation Fee = \$150 parishioner/\$300 non-parishioner (this covers retreat fees)

MUST BE PAID IN FULL WHEN THIS FORM IS SUBMITTED

☐ Check box if you need a full or partial scholarship

Student Requirements

1. Attend all classes (unless ill)
2. Participate in the Retreat
3. Choose a church ministry
4. Do 4 hours of volunteer work a month

OFFICE USE ONLY

Date Rec'd _____

Baptismal Certificate: ☐

Letter from pastor: ☐
(non parishioner)

Registration Fee:

- ☐ Cash
☐ Check # _____

Registration Date: _____

\$ Amount Owed: _____

\$ Amount paid: _____

\$ Balance due: _____

Please return all forms to: St. James Catholic Church
301 Frances Street - Molalla, OR 97038

Questions? Call: 503-829-2880

I agree to Sacramental Prep Requirements outlined above.

X _____
Youth Signature Date

X _____
Parent Signature Date