CONFIRMATION PREPARATION

Registration for Adults

Name _____
First Middle Last

Address _____
Street City, State Zip

E-mail 1 _____ E-mail 2 _____

Cell Phone _____ OK to text? Yes / No *(please circle one)*

Home Phone _____ Other Phone _____

Birth date _____ Place of Birth _____

Father's Birth Name _____ Married Name _____

Mother's Birth Name _____ Married Name _____

Date of Baptism: _____ Church Name _____

Church Address _____
Street Address City, State Zip

Have you received First Eucharist? Yes / No

Date of First Eucharist _____ Church Name _____

Church Address _____
Street Address City, State Zip

In what parish are you registered:

_____ St. Aloysius
_____ Another parish - Name, City, State _____
_____ Not currently registered in any parish

This form may be filled out returned to:
Michele Lassiter
St. Aloysius Parish
330 E. Boone Ave. Spokane, WA 99202
Phone: 509-313-7009 ~ FAX: 509-313-5892
mlassiter@dioceseofspokane.org
If you have questions or need more information, please contact Michele Lassiter.