

Our Lady of Good Counsel Church
 1525 Waimano Home Road
 Pearl City, HI 96782 (808)455-3012
CONFIRMATION REGISTRATION FORM

CANDIDATE'S FULL NAME: _____
LAST FIRST MI

CANDIDATE'S CONFIRMATION NAME: _____

ADDRESS: _____
STREET

_____ CITY ZIP CODE

DATE OF BIRTH: _____ GENDER: _____ AGE: _____

PLACE OF BIRTH: _____
City State Country

PHONE: _____ CELL PHONE: _____ E-MAIL: _____

FATHER'S FULL NAME _____
LAST FIRST MI

MOTHER'S FULL NAME _____
 (PLEASE INCLUDE MAIDEN NAME)

SACRAMENTS RECEIVED

BAPTISM

DATE OF BAPTISM _____ CHURCH _____

ADDRESS OF CHURCH _____
Street City Zip Country

RECONCILIATION

DATE OF RECONCILIATION _____ CHURCH _____

ADDRESS OF CHURCH _____
Street City Zip Country

HOLY COMMUNION

DATE OF FIRST HOLY COMMUNION _____ CHURCH _____

ADDRESS OF CHURCH _____
Street City Zip Country

SCHOOL CURRENTLY ATTENDING: _____

FOR OFFICE USE ONLY

COPY OF BAPTISMAL CERTIFICATE

COPY OF FIRST HOLY COMMUNION

ALL DOCUMENTS MUST BE SUBMITTED NO LATER THEN OCTOBER 1, 2017