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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