

Mater Ecclesiae
**The Downtown
Family of Parishes**



**CONFIRMATION
REGISTRATION FORM**

Candidate's Full Name: _____

Street Address: _____ Age: _____

City: _____ Zip code: _____ Birthdate: _____

Father's Name: _____

Mother's Name (including maiden name): _____

Father's Cell Phone # _____ Mother's Cell Phone #: _____

Home Phone #: _____

Father's Email: _____

Mother's Email: _____

School: _____ Grade: _____

Allergies/Special Needs: _____

Registered Parish: _____

Sacrament Information:

Baptism Church: _____

Baptism date, city, state: _____

First Penance Church: _____

First Penance date, city, state: _____

First Communion Church: _____

First Communion date, city, state: _____

Submit completed form and a copy of all sacramental certificates (i.e., Baptism, First Reconciliation, and First Eucharist), to CRE, if sacrament was received at a church other than a Family #22 Church:

Mail: 35 Edward Street, Buffalo, NY 14202-1505
Fax: 716.853.9225
Email: stlouisfaithformation@gmail.com