

**Essential Catholicism:
Preparation Course for Adult Confirmation**

**Registration Form
Fall 2017**

Name of Parish: _____ City/Town: _____

Name of Candidate: _____ DOB: _____

Address _____
Street City State Zip code

E-mail _____

Home Phone Number _____ Cell _____

Date and Place of Baptism: _____

Sponsor: _____

Confirmation Name: _____

Permission is granted for the above named candidate to attend the classes held at

- Bishop Stang High School (Chapel Entrance), Dartmouth
- Holy Cross Parish Center, South Easton

Registration Fee: \$25 (which includes materials)

Signature of Pastor _____ Date _____

Please Mail to: Office of Faith Formation
423 Highland Avenue
Fall River, MA 02720

Or Fax to: 508-675-3864

Attention: Deacon Bruce Bonneau