

**St. Columbkille Parish**  
2017-2018 Confirmation  
Registration and Information Form

**Form must be fully completed.**

Candidate's Full Name \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Birth City & State \_\_\_\_\_

Religious Class Attending: \_\_\_\_\_ St. Columbkille 5 Day School  
\_\_\_\_\_ RE Summer Program  
\_\_\_\_\_ RE 9 Month Program: \_\_\_\_\_ Mon or \_\_\_\_\_ Wed

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Was your family in the military at the time of baptism? Yes \_\_\_\_\_ No \_\_\_\_\_

***My child was baptized at:***

\_\_\_\_\_ St. Columbkille Catholic Church, 200 E 6th St, Papillion, NE 68046 Date \_\_\_\_\_

**OR**

Church of Baptism \_\_\_\_\_ Date \_\_\_\_\_

Church Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

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Father's Name \_\_\_\_\_  
(Last) (First) (Middle)

Mother's Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
(Home)

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Sponsor Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Aunt/Uncle/Grandparent, etc.)

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*If your child was not baptized at St. Columbkille, we **must** have a copy of your child's Baptismal Certificate submitted to the RE office.*

***A \$40.00 Sacramental Fee is due at this time. Please make checks payable to St. Columbkille RE.***