

**OUR LADY OF MOUNT CARMEL PARISH  
FAITH FORMATION EDUCATION  
CONFIRMATION REGISTRATION FORM  
2009 – 2010  
olmc-montecito.com  
PHONE: 969-4868 FAX (805) 565-5959**

**If you were not baptized at Our Lady of Mount Carmel you must submit a copy of your Baptismal Certificate with this form.**

**Registration Fees:** \$150 will cover fees for program, bibles, material for class, Youth Days & Retreats.

**Student Name: (Print)** \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in School \_\_\_\_\_ Name of School \_\_\_\_\_

**Date of Baptism:** \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Penance Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**First Communion Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**I prefer ongoing class info:**  by email  regular mail  both

Father's name: \_\_\_\_\_ Religion: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Religion: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Additional Information for Confirmation Students:**

Students e-mail: \_\_\_\_\_ Student cell: \_\_\_\_\_

**Sponsor:** \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**FOR OFFICE USE ONLY:**  Baptismal Certificate  Input into Computer  Fees Paid