



**HOLY MARTYRS OF VIETNAM CATHOLIC CHURCH
RELIGIOUS EDUCATION OFFICE**

915 S Wakefield St • Arlington • Virginia 22204 • Fax: (703) 553-0371

<http://www.cttdva.com> • E-mail: religiousedu@cttdva.com • Tel: (703) 982-7515

CONFIRMATION REGISTRATION FORM

(As this information will appear on your child's certificate and be entered into parish records, please print legibly).

STUDENT INFORMATION

Student's Full Name: _____
First Middle Last

Grade _____ Family Parishioner/Envelope Number _____
(Your family must be registered, participating members of Holy Martyrs of Vietnam Parish in order to receive first sacraments here. Unless in the case of extreme circumstances, when permission from the pastor of your home parish and the pastor of Holy Martyrs of Vietnam Parish is granted).

Date of Birth: _____ / _____ / _____ Place of Birth: _____
Month Day Year Hospital's Name, City, and/or State

Date of Baptism: _____ / _____ / _____ Date of First Communion: _____ / _____ / _____
Month Day Year Month Day Year

Church of Baptism: _____

Address of Church: _____
Street City State Zip

Church of First Holy Communion: _____

Address of Church: _____
Street City State Zip

Certificate of Baptism and Certificate of First Holy Communion: _____ Attached
(In order to participate in Confirmation, you MUST have received the Baptism and First Holy Communion Sacraments, and we need a copy of your Baptismal and First Holy Communion Certificates).

Where did your child complete Religious Education last year? _____

FAMILY INFORMATION

Home Address: _____
Street City State Zip

Home Phone _____ Family E-mail Address _____

Father's Name _____ Father's Cell _____

Mother's Name _____ Mother's Cell _____

Guardian / Custodial Parent _____ Relationship: _____ Cell: _____

Signature of Parent or Guardian: _____ Date: _____

For Office Use Only:
Date Received: _____
Certificates Received: _____ Baptism _____ First Holy Communion