## ST. LORENZO RUIZ CATHOLIC PARISH COMMUNITY ADULT CONFIRMATION PROGRAM 2019

747 N. Meadowpass Road, Walnut, CA 91789 (909) 595-9545

PERSONAL INFORMATION			ST. LORENZO RUIZ
			CATHOLIC CHURCH
LAST NAME	FIRST NAME	MIDDLE NAME	
HOME ADDRESS			
HOME ADDRESS (CONTINUED)			Adult Confirmation
CELL PHONE NUMBER	HOME PHONE N	IUMBER	
EMAIL ADDRESS	DATE OF BIRTH	1	For adults who have reached their 18 <sup>th</sup> year, or older, who have been <b>Baptized in the Catholic Church, have made their First Communion</b> and participate regularly in Sunday Celebration of the Fugh wint.
MOTHER'S NAME (MAIDEN NAME)	FATHER'S NAM	E	bration of the Eucharist.  A copy of your Baptismal and First Communion Certificates need to be submitted with the
HEIGHT SPONSOF	2	PATRON SAINT	registration form.  Please Print Clearly.
SACRAMENTAL INFORMATION			Trease Trust Clearly.
			Classes are every Monday from 3/4 through 4/8 from 7pm to 9pm.
NAME OF BAPTISM CHURCH			Rehearsal is on 4/27 from 1pm-5pm
BAPTISM CHURCH ADDRESS			Adult Confirmation will be celebrated on April 30th at 7pm mass.
CHURCH PHONE NUMBER	DATE OF BAPTIS	SM	OFFICE USE ONLY
NAME OF FIRST COMMUNION CHURCH			BAPTISM CERTIFICATE RECEIVED  FIRST COMMUNION CERTIFICATE RECEIVED  SPONSOR FORM RECEIVED
FIRST COMMUNION CHURCH ADDRESS			NOTES
CHURCH PHONE NUMBER	DATE OF FIRST	COMMUNION	