

YEAR I

SANTA CLARA CONFIRMATION REGISTRATION

Please return to the Parish Office **or** mail to:

Santa Clara Church

323 So "E" St.

Oxnard, Ca. 93030

NAME _____

ADDRESS _____ Email _____

CITY _____ ZIP _____ BIRTHDAY _____

HOME PHONE # _____ Cell # _____

HIGH SCHOOL _____

FATHER'S NAME _____

MOTHER'S NAME _____

MOTHER'S MAIDEN NAME _____

Fee Paid _____

Check if you need Baptism _____ or 1st Communion _____

PLEASE ATTACH PHOTO FOR IDENTIFICATION