

Catholic Academy of Niagara Falls

PARISHIONER CONFIRMATION FORM 2019 - 2020

Family Last Name: _____

Parent's First Name:

Mother: _____ Father: _____

Student #1	Grade:
Student #2	Grade:
Student #3	Grade:
Student #4	Grade:

*We are dedicated to the faith formation of our child(ren).
We attend Mass with our child(ren) and support our parish by use
of parish envelopes and our involvement in parish activities or
ministries.*

Parent's Signature

Date

*The family listed above is registered in our parish and is
entitled to parishioner tuition rate.*

Pastor's Signature

Date

Parish Name _____