



Confirmation Registration 2014-2015

Christ the King Catholic Church



Full Name: _____ (as it appears on birth certificate)

Date of Birth: _____ City/State of Birth: _____

Age as of April 2015: _____ School: _____ Grade: _____

Student Email: _____

Family Email: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____ Registered at the Parish? _____

Sacramental Information

Baptism: Date: _____ Church: _____

Full Address: _____

First Eucharist: Date: _____ Church: _____

City and State: _____

Confirmation Sponsor: _____ Phone: _____

Sponsor Email: _____

Please include a copy of your Baptismal Certificate with this form

Father's Full Name: _____

Cell: _____ Email: _____

Mother's Full Name: _____ Maiden Name: _____

Cell: _____ Email: _____

**Please return form, copy of Baptismal Certificate and registration fee to
Christ the King Church**

405 N 117th St
Seattle, WA 98133
Laura McDowell
lmcdowell@ckseattle.org
206-362-1545 Fax: (206) 364-8325

Registration Fee: \$150 - Please make checks out to "Christ the King Parish"
Partial scholarships available - contact the office for details.