

# Catholic Academy of Niagara Falls

## PARISHIONER CONFIRMATION FORM 2017 - 2018

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 \_\_\_\_\_