



San Carlos Borromeo de Carmelo Mission

FOUNDED 1771

Confirmation Registration Form

Name of Candidate: _____

Address: _____

Date of Birth: _____

Date of Baptism: _____ Church Baptized: _____

Candidate's Cell Phone: _____

School Currently Attending: _____ Grade: _____

Father's Name: _____ Cell: _____

Mother's Name (including maiden): _____

Home Telephone: _____ Mother's Cell: _____

Parent's Email: _____

Parent Address if Different than Candidate: _____

Please attach a copy of the candidate's Baptismal Certificate with this form. The form may be mailed to :Confirmation Program, Carmel Mission Basilica, 3080 Rio Road, Carmel, CA 93923 or fax to: (831) 624-6840.

There is a \$50.00 fee per year. Please write the check payable to Carmel Mission.

For additional information, please contact Lynn Rombi, Director of Youth Ministry at (831) 624-1271 ext.219 or lrombi@carmelmission.org.