



# *Christ the King Catholic Church*

4000 N. Rodney Parham Rd., Little Rock, AR 72212 Office:(501)225-6774 Fax:(501)225-7169 www.ctklr.com

## CONFIRMATION REGISTRATION

Date: \_\_\_\_\_

**Please Print:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ \* Email \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age at Confirmation \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Father's Name \_\_\_\_\_ Day Phone# \_\_\_\_\_

Mother's Name & Maiden Name \_\_\_\_\_ Day Phone# \_\_\_\_\_

Sponsor Full Name \_\_\_\_\_

Sponsor Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sponsor Parish /City \_\_\_\_\_

(If not a CTK parishioner please submit a letter of good standing from sponsor's pastor)

### Attach Copy of Baptismal Certificate

Date of Baptism \_\_\_\_\_

Place of Baptism \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_