



**ROMAN CATHOLIC CHURCH**  
**ST. BONIFACE PARISH-PIONIERSPARK**  
**FORSYTHE STREET 31**  
**P.O.BOX 98531, HOCHLAND PARK**  
**WINDHOEK, NAMIBIA**  
**TELL: +264 61 402897**



[stbonifacercc@gmail.com](mailto:stbonifacercc@gmail.com)

**REGISTRATION FORM FOR HOLY CONFIRMATION**

**PARTICULARS OF CHILD**

SURNAME.....

NAMES.....

D.O. B.... /...../.....SEX; M..... F.....PLACE OF BIRTH.....

ADDRESS.....CELL.....

**SACRAMENTS RECEIVED:**

DATE OF BAPTISM.... /...../..... CHURCH:.....TOWN:.....

1<sup>ST</sup> HOLY COMMUNION.../...../..... CHURCH.....TOWN.....

HOLY CONFIRMATION: .../...../.....CHURCH.....TOWN.....

**FATHER/GUARDIAN**

SURNAME.....NAME.....

ADDRESS.....RELIGION.....

CELL; (H).....(W).....

**MOTHER/GUARDIAN**

SURNAME:.....NAME.....

ADDRESS:.....RELIGION.....

CELL;(H).....(W).....

**SIGNATURES**

CANDIDATE:..... PARENT/GUARDIAN:.....