CONFIRMATION REGISTRATION FORM

NAME_____

DATE OF BIRTH_____
Month Day Year

PLACE OF YOUR BAPTISM_____

DATE OF YOUR BAPTISM_____
Month Day Year

PLACE OF YOUR FIRST COMMUNION _____

DATE OF YOUR FIRST COMMUNION_____
Month Day Year

HOME ADDRESS_____

PHONE NUMBER: Home_____ Cell_____

E-MAIL ADDRESS_____

CIRCLE ONE: This is my personal e-mail address This is our household e-mail address

FATHERS NAME_____

ADDRESS (if different) _____

PHONE (if different) Home_____

Cell_____

E-MAIL (if different) _____

MOTHER'S NAME_____

ADDRESS (if different)_____

PHONE (if different) Home_____

Cell_____

E-MAIL (if different) _____

YOUR GRADE THIS SCHOOL YEAR: (circle one) 6^{th} 7^{th} 8^{th}