

Confirmation Registration

Student's name: _____ Confirmation Year: ____
School: _____ Grade: _____ Birthday: _____
Mailing address: _____

Home Phone #: _____
Student lives with: ___Both Parents ___Mom ___Dad ___Guardian

Preferred Worship Service Time: __8:00 am __10:45 am __Both
This will determine the service time that the student will acolyte or crucifer.

Is student baptized? __Y __N (If no, is student interested in baptism? __Y __N)
Church where baptized: _____ Date: _____

Student's Cell Phone: _____
Student's E-mail: _____
Preferred method of contact: ___ Texts and/or phone calls ___ E-mail

Mom's Name: _____
Mom's Cell Phone: _____
Mom's E-mail: _____
Preferred method of contact: ___ Texts and/or phone calls ___ E-mail

Dad's Name: _____
Dad's Cell Phone: _____
Dad's E-mail: _____
Preferred method of contact: ___ Texts and/or phone calls ___ E-mail

Other information (including major allergies):

How is confirmation an important aspect in your personal and/or family's faith life?