

Confirmation Registration Form

Fall 2019

Candidate's Full Name: _____

Address: _____

Home Phone: _____

Parent's Cell Phone: _____

Age: _____ DOB: _____

Place of Birth: _____

Current Grade: _____ School: _____

Father's Name: _____

*Mother's Name: _____

*Please include maiden name.

Church of Baptism: _____

Church Address: _____

Date of Baptism: _____

*If baptized anywhere other than St. Joseph's, please attach a copy of the baptismal certificate.

Church of 1st Communion: _____

Church Address: _____

Date of 1st Communion: _____

*If 1st Communion was received anywhere other than St. Joseph's, please attach a copy of the 1st Communion certificate.

Registration fee: \$30

_____ cash _____ check #