

CONFIRMATION REGISTRATION FORM

Child's Name: _____

First

Middle

Last

(Must be written exactly as it is on child's baptismal certificate)

School: _____ Grade: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Parent Cell Phone: _____

Teen Cell Phone: _____

Parent E-Mail: _____

Teen E-Mail: _____

Mother's Full Maiden name: _____

Father's Full name: _____

Place of Child's Baptism: City _____ State _____

Name of Church of Child's Baptism: _____

Year of Child's Baptism: _____

Address of Church of Baptism: _____

City: _____ Zip: _____

A copy of your Baptismal Certificate must be turned into the youth office by November 30, 2017. The original must be presented as the official seal must be seen. The Baptismal Certificate will be returned once it is seen and copied. If you are requesting a military baptismal certificate, please allow app. 4 to 6 weeks for delivery. **A parent/child meeting will take place on Sunday, August 20 in the St. Rose Room at 2:15pm.**

There is a Sacramental preparation fee of \$20.00 for books/journal and the retreat. If you are unable to pay this fee, please see the Youth Minister, Crystal Warren and scholarships can be made available.

\$ _____

\$ _____

Check #

Cash

Date: _____