

2016 Confirmation Participant Registration Form

Name: _____ Date of Birth: _____

Parent(s) or Guardian Name(s) _____

Address: _____

City: _____ State: _____ Zip: _____

Email Addresses: youth _____

parents _____

Phone Numbers: (1) home _____

(2) parents cell _____

(3) youth cell _____

What is the best way to contact you? (circle) Home Cell Email Text

School: _____ Grade: _____

Baptism –Year received: _____ Location: _____

(Include copy of Baptismal Certificate if not baptized at St. Rose)

First Eucharist – Year received: _____ Location: _____

Sponsor Information:

Sponsor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: _____

Email Address: _____

Home Parish: _____

***Please return this form on or before March 13!!**