

Church of Saint John the Baptist Youth Confirmation Formation Registration Form

Please complete the entire form. Attach a copy of your child's baptismal certificate and a payment fee for the two years of \$230.

General Information Section				
First & Middle Name:		Date of Birth:		
Last Name:		Town & State of Birth:		
Candidate's email:		Home Phone Number:		
Home Address Street:		Family E-mail Address:		
City:		Grade in September 2016:		
State:		School:		
Zip Code:		Gender:	Male	Female
Baptismal Information Section				
Baptismal Baptismal		Baptismal		
Date:	Parish:		City &	
Family Information Section				
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Deventio Marital Status	Morried	Compressed	Divorced	Domorriad
Parent's Marital Status: Married Separated Divorced Remarried				
Widowed Single Parent				
Child Lives with: Both Biological Parents Biological Mother and Step-Father Biological Father and Step-Mother Other please explain				
Other please explain				
Biological Father's Name:		_	Living	Deceased
Biological Mother's Full Maiden Name			Living	Deceased
Step Father's Name: Step Mother's Name:				
Father's Work Number: Mother's Work Number:				
Father's Cell Number:		Mother's Cell Number:		
Candidate's Cell Phone Number:				
Allergies/Special Needs/Learning Disabitlies				
Allergies:		Special Needs/Learning Disabilities:		