

**ST. BENILDE PARISH
CONFIRMATION REGISTRATION FORM**

Your full name: _____
First name Middle name Last name

Your home phone: (____) _____ **Cell Phone:** _____

Your e-mail address: _____

Your mailing address: _____
Street apt.

_____ City State Zip

Your mother's name: _____

Her place of employment: _____

cell phone: _____ work phone: _____ other phone: _____

Your father's name: _____

His place of employment: _____

cell phone: _____ work phone: _____ other phone: _____

Student resides with: parents mother father guardian

Guardian name: _____

Guardian's cell phone: _____ **work phone:** _____ **other phone:** _____

Where were you baptized? _____
Name of church

_____ Street address

_____ City, State, Zip

What grade are you in? _____

Where do you go to school? _____

Birth date: ____ / ____ / ____

You will need to submit a copy of your baptismal certificate.

Parent or guardian signature: _____ **Date** _____