



ST. JOSEPH'S

PHILIPPO CO

# St. Joseph Catholic Church

## REGISTRATION FORM *for the* SACRAMENT OF CONFIRMATION

### Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Cell: \_\_\_\_\_ Student Email: \_\_\_\_\_

### Sacrament Information

Confirmation year? 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_

Baptized in the Catholic faith? YES \_\_\_ NO \_\_\_

First Communion? YES \_\_\_ NO \_\_\_

### Family Contacts (please complete ALL information)

Father's Name: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

### PLEASE INCLUDE THE FOLLOWING WITH YOUR FORM

1. First Year
  - a. \$25.00 Payable to: St Joseph Church
  - b. A **COPY** of your Baptismal Certificate (originals will not be accepted)
2. Second Year
  - a. \$50.00 Payable to: St. Joseph Church
  - b. A **COPY** of your Baptismal Certificate (originals will not be accepted)

.....Office Use Only.....

Date Paid: \_\_\_\_\_ Check One: Cash: \_\_\_ Check #: \_\_\_\_\_ Card: \_\_\_\_\_