

**ST. CHRISTOPHER YOUTH MINISTRY  
CONFIRMATION REGISTRATION - "10-"11**

Name of Candidate: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ YOUTH CELL# \_\_\_\_\_ PARENTS CELL # \_\_\_\_\_

PARENT(S) EMAIL ADDRESS \_\_\_\_\_

YOUTH'S EMAIL ADDRESS \_\_\_\_\_

In addition to Confirmation information, would you like to receive Youth Ministry emails?  
Yes / No

BIRTHDATE: \_\_\_\_\_

AGE: \_\_\_\_\_ YEAR IN SCHOOL: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PARENT(S)/(or guardian) FULL NAME(S) (MOTHERS: PLS INCLUDE MAIDEN NAME  
UNDERLINED:

\_\_\_\_\_  
\_\_\_\_\_

PARISH ATTENDING: \_\_\_\_\_

RECEIVED SACRAMENT OF BAPTISM? Yes / No WAS YOUTH BAPTIZED AT ST.  
CHRISTOPER? Yes / No If yes, what date? \_\_\_\_\_

**\*\*\*\*PLEASE ATTACH A COPY (not the original) OF THE TEEN'S BAPTISMAL CERTIFICATE. WE  
MUST HAVE THIS INFORMATION IN ORDER TO ENROLL FOR CONFIRMATION PREP.**

RECEIVED SACRAMENT OF RECONCILIATION? Yes / No

RECEIVED FIRST COMMUNION? Yes / No

**+++RETURN FORMS TO :ST. CHRISTOPHER YOUTH MINISTRY; 2278 BOOKSIN AVE.;  
SAN JOSE, CA. 95125 OR BRING FORMS TO THE FIRST MEETING.**