

**ST. CHRISTOPHER YOUTH MINISTRY
CONFIRMATION REGISTRATION - "11-"12**

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.
CHRISTOPHER? 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.**