Church of Saint John the Baptist
Youth Confirmation Formation
Registration Form

Please complete the entire form, and return with payment fee of $170 as soon as possible.

General Information Section

First & Middle Name:	**Date of Birth:**
Last Name:	**Home Phone Number:**
Preferred Name:	**Candidate's Phone Number:**
Home Address Street:	**Candidate's E-mail Address:**
City:	**Grade in September 2010:**
State:	**School:**
Zip Code:	**Gender: ____Male ____Female**

Baptismal Information Section

Baptismal Date:	**Baptismal Parish:**	**Baptismal City & State:**

Family Information Section

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

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:**

FAMILY e-mail Address (MANDATORY):

Allergies/Special Needs/Learning Disabitlies

Allergies:	**Special Needs/Learning Disabilities:**