

**2016 CONFIRMATION REGISTRATION FORM**

Complete Name as it will appear on the confirmation certificate (print clearly)

(First) (Middle) (Last) \_\_\_\_\_

Address \_\_\_\_\_

City, State, zip \_\_\_\_\_

Age \_\_\_\_\_ Phone \_\_\_\_\_

Candidate's E-mail \_\_\_\_\_

Birth Date \_\_\_\_\_

School \_\_\_\_\_

Baptism Year \_\_\_\_\_

Baptism Church \_\_\_\_\_ City, State \_\_\_\_\_

Has Received First Eucharist    Y    N                      Has Received First Reconciliation    Y    N

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_

Parent Email address(es) \_\_\_\_\_

Sponsor's name \_\_\_\_\_

Home address \_\_\_\_\_

Email address \_\_\_\_\_

Home church \_\_\_\_\_

Would you prefer a Bilingual Spanish/English class? Yes \_\_\_\_\_ No \_\_\_\_\_

CORE GROUP PREFERENCE (Please rank 1st & 2nd choice)

\_ Sunday afternoon

\_ Sunday night

\_ Weeknight (write which one)

\_ Saturday morning