MOST HOLY TRINITY CONFIRMATION REGISTRATION

COPY OF BAPTISMAL CERTIFICATE REQUIRED

PLEASE PRINT CLEARLY

STUDENT INFORMATION:

NAME_____
LAST FIRST MIDDLE

HOME ADDRESS_____
STREET CITY ZIP

DATE OF BIRTH _____ **PLACE OF BIRTH** _____

DATE OF BAPTISM _____ **PLACE OF BAPTISM (Church/City)**_____

SCHOOL CURRENTLY ATTENDING & GRADE_____

CHURCH WHERE FIRST COMMUNION RECEIVED_____

SCHOOLS/PARISHES OF PREVIOUS RELIGIOUS INSTRUCTION (include grades attended):

_____

List any medical concerns (allergies, etc.) or special needs:

_____

FAMILY INFORMATION:

FATHER_____**RELIGION**_____
LAST FIRST MIDDLE

MOTHER_____**RELIGION**_____
LAST FIRST **MAIDEN**

Parent email(s): _____

Father's Phone #s: _____**(**Circle one: Home Cell Work Other)

_____**(**Circle one: Home Cell Work Other)

Mother's phone #s: _____**(**Circle one: Home Cell Work Other)

_____**(**Circle one: Home Cell Work Other)

Emergency Contact:
Name/Phone_____**(**Circle one: Home Cell Work Other)

Are you currently registered at Most Holy Trinity? Yes_____ **No** _____

Fee Paid: ($25) _____ *Check/Cash* *Date Received:*_____

Copy of Baptismal Certificate Received: _____