

**St. Joseph Basilica
Confirmation Registration Form**

First Year

Second Year

Name _____ Date of Birth _____

Parent or Guardian Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Parent Cell # _____

Parent email _____ Teen email _____

School _____ Grade _____

Parish you are registered in _____

Date and Parish of Baptism: _____

Church address _____

Diocese _____

(A copy of the Baptismal Certificate must be included with this form)

Received First Eucharist: Date _____ Church _____

Sponsor Name _____

CONFIRMATION NAME _____

REGISTRATION FEE: First Year - \$100 Second Year - \$200

Fees payable by check. (Scholarships available)

Does your son/daughter have any learning disabilities or special needs you think we should know about? Yes / No

(Please use additional space on reverse if needed)