

St. Joseph Basilica Confirmation Registration Form

First Year

Second Year

Name _____ Date of Birth _____

Parent(s) Name _____

(Please include Mother's Maiden Name)

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)

Date and Parish of First Communion: _____

Sponsor's 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)