

**Cathedral Basilica of St. Francis of Assisi
Office of Youth and Young Adult Ministry
High School Confirmation Registration**

Student: _____ Grade: _____ Age: _____ DOB: _____
School: _____

Sacraments received: Baptism: ____ Reconciliation: ____ Eucharist: ____ Confirmation: ____

Where did this child attend Faith Formation Classes LAST year? _____

Student: _____ Grade: _____ Age: _____ DOB: _____
School: _____

Sacraments received: Baptism: ____ Reconciliation: ____ Eucharist: ____ Confirmation: ____

Where did this child attend Faith Formation Classes LAST year? _____

What is your Parish of Registration: _____

Mother's Name: _____
Address: _____
City: _____ Zip: _____
Cell: _____ Work: _____
Email: _____

Father's Name: _____
Address: _____
City: _____ Zip: _____
Cell: _____ Work: _____
Email: _____

Parents:
Married (Catholic) ____ Married (Civil) ____ Not Married: ____ Separated/Divorced ____

Student lives with: Both: ____ Mother Only: ____ Father Only: ____ Other: ____

If "Other," please note contact information:

Name: _____ Relationship to child: _____
Address: _____ City: _____ Zip: _____
Email: _____ Cell: _____ Home: _____

***** For Office Use Only *****

Date: _____ Fee: _____ Amount paid: _____
Cash: _____ Check # _____ Fee Waived: _____

Family Interview: _____ Date: _____

Baptismal Certificate: _____ Sponsor Affidavit: _____

Out of Parish Permission: _____ Parish Soft: _____ Attendance Sheet: _____ Email: _____
Name Tag: _____ Binder cover: _____ Orientation Letter: _____