

# Confirmation Program Registration Form

Candidate's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Employer & Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

Mother's Full Name & Maiden Name: \_\_\_\_\_

Mother's Employer & Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Name of Church where Baptized: \_\_\_\_\_

Location of Church where Baptized: [City] \_\_\_\_\_ [State] \_\_\_\_\_

Approximate Date of Baptism: \_\_\_\_\_