

**CONFIRMATION CANDIDATE**  
**REGISTRATION FORM**  
**All Saints Catholic Church**  
**2018 – 2019**

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

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Church of Baptism: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of First Communion: \_\_\_\_\_

Church of First Communion: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Email Address: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Medical needs or allergies: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**CLASSES MEET ON SUNDAY MORNINGS AT 9:30 – 10:50**

**THIS SECTION TO BE FILLED OUT BY PERSON TAKING REGISTRATIONS**

\_\_\_\_ REGISTRATION FEE PAID CASH \_\_\_\_ CHECK \_\_\_\_\_ NUMBER \_\_\_\_\_