MOST HOLY TRINITY

CONFIRMATION REGISTRATION FORM

Levels I & II

PLEASE PRINT CLEARLY

CANDIDATE'S NAME_____
LAST FIRST MIDDLE

HOME ADDRESS_____
STREET CITY ZIP

E-MAIL_____ **PHONE**_____

DATE OF BIRTH / / **Place of Birth**_____

DATE OF BAPTISM __/__/__ **CHURCH OF BAPTISM**_____

FATHER_____ **RELIGION**_____
LAST FIRST MIDDLE

MOTHER_____ **RELIGION**_____
LAST FIRST MAIDEN

Mom cell phone:_____ **Dad cell phone:**_____

HIGH SCHOOL ATTENDING and Grade Level

_____

Church you celebrated First Eucharist (Communion)_____

Please list the school or parish programs where you received religious education

Elementary classes (1-6): _____

Jr. High classes (7-8):_____

Date:_____ Fee Paid: $60_____ Catholic School Student $40_____