

CONFIRMATION REGISTRATION

Student's Baptized Name \_\_\_\_\_

Name Student prefers to be called (if different) \_\_\_\_\_

Grade 2010-11 School Year \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home/Primary Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Baptism \_\_\_\_\_  
(Congregation) (City) (State)

Student's e-mail address \_\_\_\_\_

Student has received 1<sup>st</sup> Communion \_\_\_ Yes \_\_\_ No

Parents (or Guardians):

Father's name \_\_\_\_\_ cell phone \_\_\_\_\_ Trinity Member \_\_\_ Yes \_\_\_ No

Mother's name \_\_\_\_\_ cell phone \_\_\_\_\_ Trinity Member \_\_\_ Yes \_\_\_ No

If you don't have an answering machine or cell phone, please list a phone number where a parent may be reached or a message left during business hours. \_\_\_\_\_

Parents' e-mail address \_\_\_\_\_

*(Messages and reminders are sent via email weekly during the Confirmation year. Please keep the Education Office updated with the current email address for parents and student.)*

TO BE COMPLETED BY EDUCATION DEPARTMENT:  
YEAR \_\_\_\_\_ STARTING DATE \_\_\_\_\_ GUIDE \_\_\_\_\_