

St. Martin of Tours
Confirmation Process Registration Form

(Please print all information)

Candidate Information

Year 1: _____ Year 2: _____ (please check one).

Legal Name _____ Date of Birth ____/____/____

What name would you like to be called? _____

Home Address _____ Apt. # _____

City/State/ZIP _____ E-Mail _____

Home Phone (_____) _____ Cell Phone (_____) _____

High School _____ Graduation Year _____

What extra-curricular activities are you involved in? (ex. sports, ASB, choir, etc.): _____

Where did you go to elementary school? _____

What parish are you from? _____ City _____

Sacrament Information

Church where you were Baptized _____ Date _____

Street Address: _____

City _____ State: ____ Zip Code: _____ Country _____

Church where you received First Communion _____ Date _____

City _____ Country _____

Family Information

Father _____ Cell Phone (_____) _____

Father's E-Mail _____ Work Phone (_____) _____

Mother _____ Cell Phone (_____) _____

Mother's E-Mail _____ Work Phone (_____) _____

Mother's Maiden Name _____

Would you like one parent to be the primary contact? Y / N If yes, which one? _____

What is the marital status of your parents? _____

If parents are not married, who has custody? _____

Home Address of non-custodial parent _____ Apt. # _____

City/State/ZIP _____ Home Phone (_____) _____

In Case of Emergency, Contact (other than a parent) Name: _____

Phone Number: _____ Relationship to candidate: _____