

## Confirmation Registration

Student's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City / Zip)

Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Family Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

**Health Concerns or Allergies:** \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Church: \_\_\_\_\_

Reconciliation Date: \_\_\_\_\_ Church: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_

I, \_\_\_\_\_, legal guardian of the above student, give permission for his/her photograph and/or information to be used on the St. Mark's website and/or bulletin.

\_\_\_\_\_  
(Signature)

***PLEASE ATTACH A COPY OF THE BAPTISMAL CERTIFICATE***

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(Please leave blank - to be filled out at a later date)

Confirmation Name: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_