

CONFIRMATION REGISTRATION FORM
HOLY CROSS CHURCH AND STS. PETER AND PAUL CHURCH

Candidate's Name: _____

Birth Date: _____

School: _____

Grade: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Emergency # _____

Parent(s) Name (s): _____

Baptism: _____

Church, City, State _____ Date _____

If the student was baptized at another church, other than Sts. Peter and Paul or Holy Cross, please bring a copy of their Baptismal certificate or send for one and bring it to the parish office.

First Eucharist: _____

Church, City, State _____ Date _____

First Reconciliation: _____

Church, City, State _____ Date _____