

**SAINT JOSEPH CHURCH**  
**Confirmation Registration Form**

School Attending:

Teacher:

Name:

GIVEN NAME(S)

LAST NAME

DATE OF BIRTH DD/MM/YYYY

Father's Name:

GIVEN NAME(S)

LAST NAME

RELIGION\*

Mother's Name:

GIVEN NAME(S)

**LAST NAME AT BIRTH** RELIGION\*

Address:

STREET ADDRESS

CITY

POSTAL CODE

Phone(s) 1

2

3

4

Email Address:

**PLEASE RETURN THIS REGISTRATION FORM TO THE SCHOOL BY**

**>>> FRIDAY, SEPTEMBER 17, 2010 <<<**

\* Religion: Please print which religious denomination you practice or were Baptized.  
Please note: Christian is not a denomination.