

St. Christopher Confirmation Program  
Registration Form – 2017

**Due: April 30, 2017**

Full name of Confirmandi: \_\_\_\_\_

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

Father's name: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Home address: \_\_\_\_\_ City & Zip \_\_\_\_\_

Parent email: \_\_\_\_\_

Student email: \_\_\_\_\_

*(All emails sent to the student will also be sent to the parent)*

Sponsor's name: \_\_\_\_\_

Sponsor's address: \_\_\_\_\_ City & Zip \_\_\_\_\_

Will you need to order a robe? Y / N If yes, how tall are you? \_\_\_\_\_

I have a sibling or a relative who is an altar server and would be willing to serve at my Confirmation mass (name of sibling or relative)

\_\_\_\_\_

I am interested in doing a reading at my Confirmation mass (y/n) \_\_\_\_\_

*(If no one volunteers, I will pick four people.)*

I am interested in helping to bring up the gifts at my Confirmation mass (y/n) \_\_\_\_\_

*(If no one volunteers, I will pick four people.)*